Immunization

2015-08-11 09:55:57

1. Administration Group

No Description

1.1. TC-1

Maximally populated child administration

Test Story

Description

A child is seen at a clinic. Historical vaccinations are recorded and new vaccines are administered and documented.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create an administration message containing historical and new administrations for a child including next of kin, patient consent, VIS, funding source and VFC data.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.1.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A two month old male infant, Russell Clinton Richardson, is brought to the West Clinic for a well child visit by his mother Maria Elizabeth Richardson (nee Billington) and his father John William Richardson. A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Wilma Thomas (physician ID 654) reviews the patient?s vaccination history and determines that the child previously received Hepatitis B vaccine 1 day after birth and 1 month after birth. The staff member determines that the patient needs DTaP, Hib, IPV, Rotavirus and Pneumococcal vaccinations. Because of the patient?s status of Native American, he qualifies for all Vaccine For Children (VFC) supplied vaccines under the status of VFC eligible ? American Indian/Alaska Native. The parents are given 5 Vaccine Information Sheets (VIS) to review. After reading them, they agree that the child should receive all the vaccinations recommended. They also agree that the data should be shared once it is incorporated into the local IIS. Appropriate doses of DTaP/Hib/IPV (Pentacel), Rotavirus (Rota Teq) and Pneumococcal (Prevnar13) are selected from the clinic?s stock of publically funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the doses to the patient and then enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	wcApp	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	issApp	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624073733.994-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	12462	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	3123	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Richardson	
PID.5.2	Given Name	Russell	
PID.5.3	Second and Further Given Names or Initials Thereof	Clint	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname	Billington	
PID.6.7	Name Type Code	M	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20150415	
PID.8	**Administrative Sex**	M	
PID.10	**Race**		
PID.10.1	Identifier	1002-5	
PID.10.2	Text	American Indian or Alaska Native	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	543 Blount Drive	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5557690	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	07	
PD1.11.2	Text	Recall only - no calls	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	N	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20150415	
PD1.18	**Publicity Code Effective Date**	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Richardson	
NK1.2.2	Given Name	Maria	
NK1.2.3	Second and Further Given Names or Initials Thereof	Elizabeth	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	MTH	
NK1.3.2	Text	Mother	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	543 Blount Drive	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5557690	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	2	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Richardson	
NK1.2.2	Given Name	John	
NK1.2.3	Second and Further Given Names or Initials Thereof	William	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	FTH	
NK1.3.2	Text	Father	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	543 Blount Drive	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	CP	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5558299	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	3140	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	38766	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	110	
RXA.5.2	Text	DTaP-Hep B-IPV	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	0.5		
RXA.7	**Administered Units**			
RXA.7.1	Identifier	mL		
RXA.7.2	Text	mL		
RXA.7.3	Name of Coding System	UCUM		
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	00		
RXA.9.2	Text	New Record		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number	7824		
RXA.10.2	Family Name			
RXA.10.2.1	Surname	Jackson		
RXA.10.3	Given Name	Lily		
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne		
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code	L		
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code	PRN		
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID	wcEHR		
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**	526434		
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time	20150722		
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier	SKB		
RXA.17.2	Text	GlaxoSmithKline		
RXA.17.3	Name of Coding System	MVX		
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RT	
RXR.2.2	Text	Right Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	VXC50	
OBX.5.2	Text	Public	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V04	
OBX.5.2	Text	VFC Eligible - American Indian/Alaska Native	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300017211111108	
OBX.5.2	Text	Polio VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	6	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300005911120202	
OBX.5.2	Text	Hepatitis B VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300003511070517	
OBX.5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	10	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	8681	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	65138	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	116	
RXA.5.2	Text	rotavirus, pentavalent	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	2.0	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	297961	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20150916	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	MSD	
RXA.17.2	Text	Merck and Co., Inc.	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C38288	
RXR.1.2	Text	Oral	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier		
RXR.2.2	Text		
RXR.2.3	Name of Coding System		
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	VXC50	
OBX.5.2	Text	Public	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V04	
OBX.5.2	Text	VFC Eligible - American Indian/Alaska Native	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300019611150415	
OBX.5.2	Text	Rotavirus VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	Set ID - OBX	4	
OBX.2	Value Type	DT	
OBX.3	Observation Identifier		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	Observation Sub-ID	3	
OBX.5	Observation Value	20150624	
OBX.6	Units		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	Observation Result Status	F	
OBX.14	Date/Time of the Observation		
OBX.14.1	Time	20150624	
OBX.17	Observation Method		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	7491	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	79539	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	133	
RXA.5.2	Text	Pneumococcal conjugate PCV 13	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	353480	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20150729	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	PFR	
RXA.17.2	Text	Pfizer, Inc	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	LT	
RXR.2.2	Text	Left Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	VXC50	
OBX.5.2	Text	Public	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V04	
OBX.5.2	Text	VFC Eligible - American Indian/Alaska Native	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	Set ID - OBX	3	
OBX.2	Value Type	CE	
OBX.3	Observation Identifier		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	Observation Sub-ID	3	
OBX.5	Observation Value		
OBX.5.1	Identifier	253088698300015811130227	
OBX.5.2	Text	Pneumococcal Conjugate (PCV13) VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	Units		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	Observation Result Status	F	
OBX.14	Date/Time of the Observation		
OBX.14.1	Time	20150624	
OBX.17	Observation Method		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	9077	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	31528	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150416	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	
RXA.5.2	Text	Hep B, unspecified formulation	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	999		
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	01		
RXA.9.2	Text	Historical Administration		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	299	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	82668	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150515	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	
RXA.5.2	Text	Hep B, unspecified formulation	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	999		
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	01		
RXA.9.2	Text	Historical Administration		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

Test Data Specification

Patient Information

Element	Data
Patient Name	Russell Clint Richardson
Mother's Maiden Name	Billington
ID Number	3123
Date/Time of Birth	04/15/2015
Administrative Sex	M
Patient Address 1	543 Blount Drive Bozeman MT 59715 USA
Local Number	(406)555-7690
Race	American Indian or Alaska Native
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	04/15/2015
Publicity Code	Recall only - no calls
Publicity Code Effective Date	06/24/2015
Protection Indicator	N
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Maria Elizabeth Richardson
Relationship	Mother
Address	543 Blount Drive Bozeman MT 59715 USA
Phone Number or Email address	(406)555-7690

Guardian or Responsible Party

Element	Data
Name	John William Richardson
Relationship	Father
Address	543 Blount Drive Bozeman MT 59715 USA
Phone Number or Email address	(406)555-8299

Vaccine Administration Information

Element	Data
Administered Code	DTaP-Hep B-IPV
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	526434
Substance Expiration Date	07/22/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Polio VIS
Date Vis Presented	
Document Type	Hepatitis B VIS
Date Vis Presented	
Document Type	Diphtheria/Tetanus/Pertussis (DTaP) VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	rotavirus, pentavalent
Date/Time Start of Administration	06/24/2015
Administered Amount	2.0
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	297961
Substance Expiration Date	09/16/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	A
Route	Oral
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Rotavirus VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	Pneumococcal conjugate PCV 13
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	353480
Substance Expiration Date	07/29/2015
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Pneumococcal Conjugate (PCV13) VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	Hep B, unspecified formulation
Date/Time Start of Administration	04/16/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

Vaccine Administration Information

Element	Data
Administered Code	Hep B, unspecified formulation
Date/Time Start of Administration	05/15/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

1.1.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150624073734.034-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	Message Control ID	23628	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	NE	
MSH.16	Application Acknowledgment Type	NE	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	12462	

1.2. TC-2

Adult administration

Test Story

Description

An adult is seen at a clinic. Historical vaccinations are recorded and new vaccines are administered and documented.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create an administration message for an adult containing historical and new administrations including VIS and not eligible VFC.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.2.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 32 year old female, Elise Wong, visits the West Clinic for a well woman visit. A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Wilma Thomas (physician ID 654) reviews the patient's vaccination history and determines that Elise has received her influenza vaccinations on 10/12/2014 and 11/12/2013, but is in need of a tetanus booster. Because of the patient's age she does not qualify for Vaccine For Children (VFC) supplied vaccine. Elise is given the appropriate Vaccine Information Sheet (VIS) to review. After reading it, she agrees to receive the recommended vaccination. She also agrees that the data should be shared once it is incorporated into the local IIS. An appropriate dose of Tdap is selected from the clinic's stock of privately funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the doses to the patient and then enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624084727.655-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	72268	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

PID - Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	90012	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Wong	
PID.5.2	Given Name	Elise	
PID.5.3	Second and Further Given Names or Initials Thereof		
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19830615	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2028-9	
PID.10.2	Text	Asian	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	9200 Wellington Trail	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5557896	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	NET	
PID.13.3	Telecommunication Equipment Type		
PID.13.4	Email Address	Elise.Wong@isp.com	
PID.13.6	Area/City Code		
PID.13.7	Local Number		
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	

PID.25 Location	Birth Order Data Elemenmt	1 Data	Categrization
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		
PID.30	**Patient Death Indicator**	N	

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	02	
PD1.11.2	Text	Reminder/recall - any method	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	N	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	19830615	
PD1.18	**Publicity Code Effective Date**	20150624	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	4422	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	13696	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	113	
RXA.5.2	Text	Td (adult) preservative free	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	315841	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20151216	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	PMC	
RXA.17.2	Text	Sanofi Pasteur	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RD	
RXR.2.2	Text	Right Deltoid	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	PHC70	
OBX.5.2	Text	Private	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V01	
OBX.5.2	Text	Not VFC Eligible	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300028811150224	
OBX.5.2	Text	Tetanus/Diphtheria (Td) VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	6139	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	38760	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20141012	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	88	
RXA.5.2	Text	influenza, unspecified formulation	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	999		
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	01		
RXA.9.2	Text	Historical Administration		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	7600	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	35508	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20131112	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	88	
RXA.5.2	Text	influenza, unspecified formulation	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	999		
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	01		
RXA.9.2	Text	Historical Administration		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

Test Data Specification

Patient Information

Element	Data
Patient Name	Elise Wong
Mother's Maiden Name	
ID Number	90012
Date/Time of Birth	06/15/1983
Administrative Sex	F
Patient Address 1	9200 Wellington Trail Bozeman MT 59715 USA
Local Number	(406)555-7896
Race	Asian
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	06/15/1983
Publicity Code	Reminder/recall - any method
Publicity Code Effective Date	06/24/2015
Protection Indicator	N
Protection Indicator Effective Date	06/24/2015

Vaccine Administration Information

Element	Data
Administered Code	Td (adult) preservative free
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	315841
Substance Expiration Date	12/16/2015
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Tetanus/Diphtheria (Td) VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	influenza, unspecified formulation
Date/Time Start of Administration	10/12/2014
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

Vaccine Administration Information

Element	Data
Administered Code	influenza, unspecified formulation
Date/Time Start of Administration	11/12/2013
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

1.2.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624084727.669-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	74602	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AA	
MSA.2	**Message Control ID**	72268	

1.3. TC-3

Child administration without consent for sharing

Test Story

Description

A child is seen at a clinic. A new vaccine is administered and documented but the information is not to shared by the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create an administration message for a child containing a new administration but an indication that the data should not be shared.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.3.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

An 11.5 year old female, Katherine Mackenzie Benton, is brought to the West Clinic for a third and final dose of HPV vaccine. She is accompanied by her mother Kari Michelle Benton (nee Jones). A clinic staff member collects basic patient demographic information including name, date of birth and sex. The mother is given the appropriate Vaccine Information Sheet (VIS) to review. After reading it, the mother agrees that the child should receive the HPV vaccine, but she chooses not to share the data once it is incorporated into the local IIS. A clinic provider, Wilma Thomas (physician ID 654) places an order for the vaccination. While the patient is covered by insurance, the plan does not cover this vaccination and she qualifies for Vaccine For Children (VFC) supplied vaccines under the status of VFC eligible - Underinsured. An appropriate doses of HPV (Gardasil) is selected from the clinic?s stock of publically funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the dose to the patient and then enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.804-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	77732	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	89778	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Benton	
PID.5.2	Given Name	Katherine	
PID.5.3	Second and Further Given Names or Initials Thereof	Mackenzie	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname	Jones	
PID.6.7	Name Type Code	M	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20031221	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	89 West 21st Ave	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5554019	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PID.30 Location	Patient Death Indicator Data Elemenmt	N	Data	Categrization

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	01	
PD1.11.2	Text	No reminder/recall	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	Y	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20031221	
PD1.18	**Publicity Code Effective Date**	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Benton	
NK1.2.2	Given Name	Kari	
NK1.2.3	Second and Further Given Names or Initials Thereof	Michelle	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	MTH	
NK1.3.2	Text	Mother	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	89 West 21st Ave	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5554019	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	5237	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	31309	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	118	
RXA.5.2	Text	HPV, bivalent	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	795441	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20151223	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	SKB	
RXA.17.2	Text	GlaxoSmithKline	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RD	
RXR.2.2	Text	Right Deltoid	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	Katherine Mackenzie Benton
Mother's Maiden Name	Jones
ID Number	89778
Date/Time of Birth	12/21/2003
Administrative Sex	F
Patient Address 1	89 West 21st Ave Bozeman MT 59715 USA
Local Number	(406)555-4019
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	12/21/2003
Publicity Code	No reminder/recall
Publicity Code Effective Date	06/24/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Kari Michelle Benton
Relationship	Mother
Address	89 West 21st Ave Bozeman MT 59715 USA
Phone Number or Email address	(406)555-4019

Vaccine Administration Information

Element	Data
Administered Code	HPV, bivalent
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	795441
Substance Expiration Date	12/23/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - Underinsured
Document Type	Human papillomavirus Vaccine (Cervarix) VIS
Date Vis Presented	

1.3.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150624093847.806-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	Message Control ID	65657	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	NE	
MSH.16	Application Acknowledgment Type	NE	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AA	
MSA.2	**Message Control ID**	77732	

1.4. TC-4

Child deleted administration

Test Story

Description

A child is seen at a clinic. A previously documented vaccination is deleted due to user error.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create a delete message for a previously sent administration.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.4.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

After administering an HPV vaccination to the 11.5 year old female Katherine Benton the clinician, Lily Jackson (ID 7824) realizes that the vaccination was documented on the incorrect patient chart. She deletes the vaccination from the patient chart and transmits the change to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.804-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	71892	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	89778	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Benton	
PID.5.2	Given Name	Katherine	
PID.5.3	Second and Further Given Names or Initials Thereof	Mackenzie	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname	Jones	
PID.6.7	Name Type Code	M	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20031221	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	89 West 21st Ave	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5554019	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

Location	Data Elemenmt	Data	Categrization
PID.30	Patient Death Indicator	N	

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	Publicity Code		
PD1.11.1	Identifier	01	
PD1.11.2	Text	No reminder/recall	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	Protection Indicator	Y	
PD1.13	Protection Indicator Effective Date	20150624	
PD1.16	Immunization Registry Status	A	
PD1.17	Immunization Registry Status Effective Date	20031221	
PD1.18	Publicity Code Effective Date	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	Set ID - NK1	1	
NK1.2	Name		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Benton	
NK1.2.2	Given Name	Kari	
NK1.2.3	Second and Further Given Names or Initials Thereof	Michelle	
NK1.2.7	Name Type Code	L	
NK1.3	Relationship		
NK1.3.1	Identifier	MTH	
NK1.3.2	Text	Mother	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	Address		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	89 West 21st Ave	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	Phone Number		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5554019	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	5237	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	31309	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	118	
RXA.5.2	Text	HPV, bivalent	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**		0.5	
RXA.7	**Administered Units**			
RXA.7.1	Identifier		mL	
RXA.7.2	Text		mL	
RXA.7.3	Name of Coding System		UCUM	
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier		00	
RXA.9.2	Text		New Record	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number		7824	
RXA.10.2	Family Name			
RXA.10.2.1	Surname		Jackson	
RXA.10.3	Given Name		Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof		Suzanne	
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code		L	
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code		PRN	
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID		wcEHR	
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**		795441	
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time		20151223	
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier		SKB	
RXA.17.2	Text		GlaxoSmithKline	
RXA.17.3	Name of Coding System		MVX	
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**		CP	
RXA.21	**Action Code - RXA**		D	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RD	
RXR.2.2	Text	Right Deltoid	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	Katherine Mackenzie Benton
Mother's Maiden Name	Jones
ID Number	89778
Date/Time of Birth	12/21/2003
Administrative Sex	F
Patient Address 1	89 West 21st Ave Bozeman MT 59715 USA
Local Number	(406)555-4019
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	12/21/2003
Publicity Code	No reminder/recall
Publicity Code Effective Date	06/24/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Kari Michelle Benton
Relationship	Mother
Address	89 West 21st Ave Bozeman MT 59715 USA
Phone Number or Email address	(406)555-4019

Vaccine Administration Information

Element	Data
Administered Code	HPV, bivalent
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	795441
Substance Expiration Date	12/23/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	D
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - Underinsured
Document Type	Human papillomavirus Vaccine (Cervarix) VIS
Date Vis Presented	

1.4.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.806-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	65657	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	71892	

1.5. TC-5

Child partial administration

Test Story

Description

A child is seen at a clinic. A new vaccination is administered but only a partial dose is given.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create an administration message for child who received a partial administration of a vaccine.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.5.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

An 18 month old male, Daryl Andre Johnson, is brought to the West Clinic for a well child visit by his father James Terrance Johnson. Daryl?s twin brother, born 5 minutes before Daryl, was not able to make it to the clinic. A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Wilma Thomas (physician ID 654) reviews the patient?s vaccination history and determines that the child requires a Hep A vaccination. The child is covered by insurance and does not qualify for all Vaccine For Children (VFC) supplied vaccines. The father is given the Vaccine Information Sheet (VIS) to review. After reading it, the father agrees that the child should receive the Hep A vaccine He also agrees that the data should be shared once it is incorporated into the local IIS. An appropriate dose of Hep A is selected from the clinic?s stock of privately funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the doses to the patient, however the patient moves unexpectedly during the administration and only a portion of the dose is actually administered. The clinician enters the data into the EHR as a partial administration and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.806-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	29407	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	76511	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Johnson	
PID.5.2	Given Name	Daryl	
PID.5.3	Second and Further Given Names or Initials Thereof	Andre	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20131203	
PID.8	**Administrative Sex**	M	
PID.10	**Race**		
PID.10.1	Identifier	2054-5	
PID.10.2	Text	African American	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	125 Aspen Crescent	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5551807	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	Y	
PID.25	**Birth Order**	2	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PID.30Location	Patient Death IndicatoElemenmt	N	Data	Categrization

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	04	
PD1.11.2	Text	Reminder only - any method	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	Y	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20131203	
PD1.18	**Publicity Code Effective Date**	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Johnson	
NK1.2.2	Given Name	James	
NK1.2.3	Second and Further Given Names or Initials Thereof	Terrance	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	FTH	
NK1.3.2	Text	Father	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	125 Aspen Crescent	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5551807	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	773	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	22119	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	83	
RXA.5.2	Text	Hep A, ped/adol, 2 dose	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	68736	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20150729	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	MSD	
RXA.17.2	Text	Merck and Co., Inc.	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	PA	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	LT	
RXR.2.2	Text	Left Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	Daryl Andre Johnson
Mother's Maiden Name	
ID Number	76511
Date/Time of Birth	12/03/2013
Administrative Sex	M
Patient Address 1	125 Aspen Crescent Bozeman MT 59715 USA
Local Number	(406)555-1807
Race	African American
Ethnic Group	Not Hispanic or Latino
Birth Order	2

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	12/03/2013
Publicity Code	Reminder only - any method
Publicity Code Effective Date	06/24/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	James Terrance Johnson
Relationship	Father
Address	125 Aspen Crescent Bozeman MT 59715 USA
Phone Number or Email address	(406)555-1807

Vaccine Administration Information

Element	Data
Administered Code	Hep A, ped/adol, 2 dose
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	68736
Substance Expiration Date	07/29/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Hepatitis A VIS
Date Vis Presented	

1.5.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elememt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.807-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	51291	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	29407	

1.6. TC-6

Child administration with refusal

Test Story

Description

A child is seen at a clinic. A new vaccinations are administered but an additional one is refused by the parents.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case assesses the ability of the EHR to create an administration message for child whose parents have refused an immunization.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.6.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 1 year old male, Tyler Owen Banks, is brought to the West Clinic for a well child visit. He is accompanied by his father Karl Leonard Banks. A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Joe Smith (physician ID 123) reviews the patient's vaccination history and determines that the child requires Hib, Hep A, MMR and Varicella vaccinations. The child is covered by insurance and does not qualify for all Vaccine For Children (VFC) supplied vaccines. The father is given the appropriate Vaccine Information Sheets (VIS) to review. After reading them, the father agrees that the child should receive the Hib, Hep A and MMR vaccines but refuses the Varicella vaccine. He also agrees that the data should be shared once it is incorporated into the local IIS. Appropriate doses of Hib, Hep A and MMR are selected from the clinic's stock of privately funded vaccines. A clinician, Lily Jackson (ID 456) prepares and administers the doses to the patient and then enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.808-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	18019	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	8891	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Banks	
PID.5.2	Given Name	Tyler	
PID.5.3	Second and Further Given Names or Initials Thereof	Owen	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20140602	
PID.8	**Administrative Sex**	M	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	924 Sycamore Lane	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5555835	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	02	
PD1.11.2	Text	Reminder/recall - any method	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	N	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20040602	
PD1.18	**Publicity Code Effective Date**	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Banks	
NK1.2.2	Given Name	Karl	
NK1.2.3	Second and Further Given Names or Initials Thereof	Leonard	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	FTH	
NK1.3.2	Text	Father	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	924 Sycamore Lane	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5555835	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	5645	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	22515	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	48	
RXA.5.2	Text	Hib (PRP-T)	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**		0.5	
RXA.7	**Administered Units**			
RXA.7.1	Identifier		mL	
RXA.7.2	Text		mL	
RXA.7.3	Name of Coding System		UCUM	
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier		00	
RXA.9.2	Text		New Record	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number		7824	
RXA.10.2	Family Name			
RXA.10.2.1	Surname		Jackson	
RXA.10.3	Given Name		Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof		Suzanne	
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code		L	
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code		PRN	
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID		wcEHR	
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**		328734	
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time		20150923	
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier		SKB	
RXA.17.2	Text		GlaxoSmithKline	
RXA.17.3	Name of Coding System		MVX	
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**		CP	
RXA.21	**Action Code - RXA**		A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RT	
RXR.2.2	Text	Right Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	5027	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	12128	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	83	
RXA.5.2	Text	Hep A, ped/adol, 2 dose	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**		0.5	
RXA.7	**Administered Units**			
RXA.7.1	Identifier		mL	
RXA.7.2	Text		mL	
RXA.7.3	Name of Coding System		UCUM	
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier		00	
RXA.9.2	Text		New Record	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number		7824	
RXA.10.2	Family Name			
RXA.10.2.1	Surname		Jackson	
RXA.10.3	Given Name		Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof		Suzanne	
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code		L	
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code		PRN	
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID		wcEHR	
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**		208940	
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time		20160120	
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier		MSD	
RXA.17.2	Text		Merck and Co., Inc.	
RXA.17.3	Name of Coding System		MVX	
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**		CP	
RXA.21	**Action Code - RXA**		A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RT	
RXR.2.2	Text	Right Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	7239	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	50588	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	03	
RXA.5.2	Text	MMR	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	0.5		
RXA.7	**Administered Units**			
RXA.7.1	Identifier	mL		
RXA.7.2	Text	mL		
RXA.7.3	Name of Coding System	UCUM		
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	00		
RXA.9.2	Text	New Record		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number	7824		
RXA.10.2	Family Name			
RXA.10.2.1	Surname	Jackson		
RXA.10.3	Given Name	Lily		
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne		
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code	L		
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code	PRN		
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID	wcEHR		
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**	134301		
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time	20151028		
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier	MSD		
RXA.17.2	Text	Merck and Co., Inc.		
RXA.17.3	Name of Coding System	MVX		
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	LT	
RXR.2.2	Text	Left Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier		
ORC.2.2	Namespace ID		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	9999	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	21	
RXA.5.2	Text	varicella	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**		999	
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier			
RXA.9.2	Text			
RXA.9.3	Name of Coding System			
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier		00	
RXA.18.2	Text		Parental decision	
RXA.18.3	Name of Coding System		NIP002	
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**		RE	
RXA.21	**Action Code - RXA**		A	

Test Data Specification

Patient Information

Element	Data
Patient Name	Tyler Owen Banks
Mother's Maiden Name	
ID Number	8891
Date/Time of Birth	06/02/2014
Administrative Sex	M
Patient Address 1	924 Sycamore Lane Bozeman MT 59715 USA
Local Number	(406)555-5835
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	06/02/2004
Publicity Code	Reminder/recall - any method
Publicity Code Effective Date	06/24/2015
Protection Indicator	N
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Karl Leonard Banks
Relationship	Father
Address	924 Sycamore Lane Bozeman MT 59715 USA
Phone Number or Email address	(406)555-5835

Vaccine Administration Information

Element	Data
Administered Code	Hib (PRP-T)
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	328734
Substance Expiration Date	09/23/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Multiple Vaccines VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	Hep A, ped/adol, 2 dose
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	208940
Substance Expiration Date	01/20/2016
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Hepatitis A VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	MMR
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	134301
Substance Expiration Date	10/28/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Measles/Mumps/Rubella VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	varicella
Date/Time Start of Administration	06/24/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	Parental decision
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Element	Data

1.6.2. Consume acknowledgement message

Tests the ability to consume a valid ACK message

Test Story

Description

The IIS returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.822-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	79946	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AA	
MSA.2	**Message Control ID**	18019	

1.7. TC-7

Child updated administration

Test Story

Description

A child is seen at a clinic. A previously documented vaccination is updated to correct inaccurate information..

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

This test case asses the ability of the EHR to create an update message for a previously sent administration.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.7.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

After document vaccinations for Tyler Owen Banks the clinician, Lily Jackson (ID 456) recognizes that an error was made during data entry for the Hepatitis A vaccine. The Lot Number was entered incorrectly. She updates the data in the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.808-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	18019	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	8891	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Banks	
PID.5.2	Given Name	Tyler	
PID.5.3	Second and Further Given Names or Initials Thereof	Owen	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20040602	
PID.8	**Administrative Sex**	M	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	924 Sycamore Lane	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5555835	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PID.30Location	Patient Death IndicatoElemenmt	N	Data	Catergization

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Catergization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	02	
PD1.11.2	Text	Reminder/recall - any method	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	Y	
PD1.13	**Protection Indicator Effective Date**	20150624	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20040602	
PD1.18	**Publicity Code Effective Date**	20150624	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Catergization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Banks	
NK1.2.2	Given Name	Karl	
NK1.2.3	Second and Further Given Names or Initials Thereof	Leonard	
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	FTH	
NK1.3.2	Text	Father	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	924 Sycamore Lane	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5555835	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	5027	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	12128	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150624	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	83	
RXA.5.2	Text	Hep A, ped/adol, 2 dose	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	0.5		
RXA.7	**Administered Units**			
RXA.7.1	Identifier	mL		
RXA.7.2	Text	mL		
RXA.7.3	Name of Coding System	UCUM		
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	00		
RXA.9.2	Text	New Record		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number	7824		
RXA.10.2	Family Name			
RXA.10.2.1	Surname	Jackson		
RXA.10.3	Given Name	Lily		
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne		
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code	L		
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code	PRN		
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID	wcEHR		
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**	208490		
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time	20160120		
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier	MSD		
RXA.17.2	Text	Merck and Co., Inc.		
RXA.17.3	Name of Coding System	MVX		
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	U		

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RT	
RXR.2.2	Text	Right Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	PHC70	
OBX.5.2	Text	Private	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V01	
OBX.5.2	Text	Not VFC Eligible	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300004211111025	
OBX.5.2	Text	Hepatitis A VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150624	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150624	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	Tyler Owen Banks
Mother's Maiden Name	
ID Number	8891
Date/Time of Birth	06/02/2004
Administrative Sex	M
Patient Address 1	924 Sycamore Lane Bozeman MT 59715 USA
Local Number	(406)555-5835
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	06/02/2004
Publicity Code	Reminder/recall - any method
Publicity Code Effective Date	06/24/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Karl Leonard Banks
Relationship	Father
Address	924 Sycamore Lane Bozeman MT 59715 USA
Phone Number or Email address	(406)555-5835

Vaccine Administration Information

Element	Data
Administered Code	Hep A, ped/adol, 2 dose
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	208490
Substance Expiration Date	01/20/2016
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	U
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Hepatitis A VIS
Date Vis Presented	

1.7.2. Consume acknowledgement message

ests the ability to consume a valid ACK message

Test Story

Description

The IIS returns an acknowledgement message indicating that a fatal error was found during the course of processing the message.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The acknowledgement message is consumed by the system responsible for the content of the administration message without error.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150624093847.822-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	79946	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	18019	

1.8. TC-8

Historical administration resulting in fatal error

Test Story

Description

A patient is seen at a clinic. A historical vaccination is recorded but the IIS is unable to process the administration message, rejects it and returns a fatal error in the acknowledgement message.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

The returned error must be visible in the EHR.

Test Objectives

This test case assesses the ability of the EHR to accept an acknowledgement message with a fatal error being returned by the IIS.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.8.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 66 year old female, Helen Barrett, comes to the West Clinic for a physical. A clinic staff member collects basic patient demographic information including name, date of birth and sex. The patient reports that she received a Zoster vaccination at a local pharmacy on her 65th birthday. The clinic staff determine that no further vaccinations are required. A clinician, Lily Jackson (ID 7824) enters the historical data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150625121047.839-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	Message Control ID	35560	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	ER	
MSH.16	Application Acknowledgment Type	AL	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

PID - Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	7120	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Barrett	
PID.5.2	Given Name	Helen	
PID.5.3	Second and Further Given Names or Initials Thereof		
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19500317	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	763 Main St	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5554064	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	NET	
PID.13.3	Telecommunication Equipment Type		
PID.13.4	Email Address	Helen.Barrett@isp.com	
PID.13.6	Area/City Code		
PID.13.7	Local Number		
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	

PID.2Location	Birth Order	Data Elemenmt	1	Data	Categrization
PID.29		Patient Death Date and Time			
PID.29.1		Time			
PID.30		Patient Death Indicator	N		

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	Publicity Code		
PD1.11.1	Identifier	06	
PD1.11.2	Text	Recall only - any method	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	Protection Indicator	Y	
PD1.13	Protection Indicator Effective Date	20150625	
PD1.16	Immunization Registry Status	A	
PD1.17	Immunization Registry Status Effective Date	19500317	
PD1.18	Publicity Code Effective Date	20150625	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	7646	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	53100	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150317	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	121	
RXA.5.2	Text	zoster	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3 RXA.5.5	Name of Coding System Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	Administered Amount		999	
RXA.7	Administered Units			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	Administration Notes			
RXA.9.1	Identifier		01	
RXA.9.2	Text		Historical Administration	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	Administering Provider			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	Administered-at Location			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	Substance Lot Number			
RXA.16	Substance Expiration Date			
RXA.16.1	Time			
RXA.17	Substance Manufacturer Name			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	Substance/Treatment Refusal Reason			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	Completion Status		CP	
RXA.21	Action Code - RXA		A	

Test Data Specification

Patient Information

Element	Data
Patient Name	Helen Barrett
Mother's Maiden Name	
ID Number	7120
Date/Time of Birth	03/17/1950
Administrative Sex	F
Patient Address 1	763 Main St Bozeman MT 59715 USA
Local Number	(406)555-4064
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	03/17/1950
Publicity Code	Recall only - any method
Publicity Code Effective Date	06/25/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/25/2015

Vaccine Administration Information

Element	Data
Administered Code	zoster
Date/Time Start of Administration	03/17/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

1.8.2. Consume acknowledgement message

Tests the ability to consume an ACK message containing a fatal error

Test Story

Description

The IIS has a mapping error in their CVX table and is unable to recognize the CVX code sent in RXA-5 even though it is valid. The IIS is unable to identify the appropriate vaccine, which is a required element, and rejects the message. The acknowledgement message returned contains errors for the table mapping, missing required field (RXA-5) and missing required segment (RXA).

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The errors returned in the ACK message must be visible in the EHR.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150625121047.853-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	20428	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AE	
MSA.2	**Message Control ID**	35560	

ERR : Error

Location	Data Elemenmt	Data	Categrization
ERR.2	**Error Location**		
ERR.2.1	Segment ID	RXA	
ERR.2.2	Segment Sequence	1	
ERR.2.3	Field Position	5	
ERR.2.4	Field Repetition	1	
ERR.2.5	Component Number	1	
ERR.2.6	Sub-Component Number		
ERR.3	**HL7 Error Code**		
ERR.3.1	Identifier	999	
ERR.3.2	Text	Application error	
ERR.3.3	Name of Coding System	HL70357	
ERR.3.5	Alternate Text		
ERR.3.6	Name of Alternate Coding System		
ERR.4	**Severity**	E	
ERR.5	**Application Error Code**		
ERR.5.1	Identifier	5	
ERR.5.2	Text	Table value not found	
ERR.5.3	Name of Coding System	HL70533	
ERR.5.5	Alternate Text		
ERR.5.6	Name of Alternate Coding System		
ERR.8	**User Message**	Vaccine code not recognized - message rejected	

1.9. TC-9

New administration resulting in soft error

Test Story

Description

A patient is seen at a clinic. A new administration is recorded. The IIS is able to process the administration message but finds a soft error (warning) which it returns in the acknowledgement message.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

The returned error must be visible in the EHR.

Test Objectives

This test case assesses the ability of the EHR to accept an acknowledgement message with a soft warning error being returned by the IIS.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.9.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 1 month old female, Ashley Jennifer Broadbent, is brought to the West Clinic for a well child visit by her mother Ellen Broadbent (nee Layton). A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Wilma Thomas (physician ID 654) reviews the patient's vaccination history and determines that the child requires a Hep B vaccination. The child is covered by insurance and does not qualify for all Vaccine For Children (VFC) supplied vaccines. The mother is given the Vaccine Information Sheet (VIS) to review. After reading it, she agrees that the child should receive the Hep B vaccine. She also agrees that the data should be shared once it is incorporated into the local IIS. An appropriate dose of Hep B is selected from the clinic's stock of privately funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the doses to the patient and enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150625103328.757-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	81883	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	77100	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Broadbent	
PID.5.2	Given Name	Ashley	
PID.5.3	Second and Further Given Names or Initials Thereof	Jennifer	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname	Layton	
PID.6.7	Name Type Code	M	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20150516	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2054-5	
PID.10.2	Text	African American	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	901 North 12th St	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5552262	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PID.30Location	Patient Death Indiatorlemenmt	N	Data	Catergization

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Catergization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	03	
PD1.11.2	Text	Reminder/recall - no calls	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	N	
PD1.13	**Protection Indicator Effective Date**	20150625	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20150516	
PD1.18	**Publicity Code Effective Date**	20150625	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Catergization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Broadbent	
NK1.2.2	Given Name	Ellen	
NK1.2.3	Second and Further Given Names or Initials Thereof		
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	MTH	
NK1.3.2	Text	Mother	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	901 North 12th St	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5552262	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	3881	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	13926	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150625	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	08	
RXA.5.2	Text	Hep B, adolescent or pediatric	

Location	Data Elemenmt	CVX Data	Categrization
RXA.5.3	Name of Coding System		
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text	mL	
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	New Record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number	7824	
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Jackson	
RXA.10.3	Given Name	Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code	L	
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code	PRN	
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	wcEHR	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.15	**Substance Lot Number**	797397	
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20151203	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	SKB	
RXA.17.2	Text	GlaxoSmithKline	
RXA.17.3	Name of Coding System	MVX	
RXA.17.5	Alternate Text		
RXA.17.6	Name of Alternate Coding System		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	
RXA.21	**Action Code - RXA**	A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	LT	
RXR.2.2	Text	Left Thigh	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	PHC70	
OBX.5.2	Text	Private	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V01	
OBX.5.2	Text	Not VFC Eligible	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300005911120202	
OBX.5.2	Text	Hepatitis B VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150625	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	Ashley Jennifer Broadbent
Mother's Maiden Name	Layton
ID Number	77100
Date/Time of Birth	05/16/2015
Administrative Sex	F
Patient Address 1	901 North 12th St Bozeman MT 59715 USA
Local Number	(406)555-2262
Race	African American
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	05/16/2015
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	06/25/2015
Protection Indicator	N
Protection Indicator Effective Date	06/25/2015

Guardian or Responsible Party

Element	Data
Name	Ellen Broadbent
Relationship	Mother
Address	901 North 12th St Bozeman MT 59715 USA
Phone Number or Email address	(406)555-2262

Vaccine Administration Information

Element	Data
Administered Code	Hep B, adolescent or pediatric
Date/Time Start of Administration	06/25/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	797397
Substance Expiration Date	12/03/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Hepatitis B VIS
Date Vis Presented	

1.9.2. Consume acknowledgement message

Tests the ability to consume an ACK message containing a warning

Test Story

Description

A mapping error in the IIS software results in the IIS being unable to recognize the administration site sent in RXR-2 even though it is valid. The acknowledgement message returned contains a warning for an invalid value.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The error returned in the acknowledgement message is visible in the system responsible for the content of the administration message.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150625103328.758-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	Message Control ID	23842	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	NE	
MSH.16	Application Acknowledgment Type	NE	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AE	
MSA.2	**Message Control ID**	81883	

ERR : Error

Location	Data Elemenmt	Data	Categrization
ERR.2	**Error Location**		
ERR.2.1	Segment ID	RXR	
ERR.2.2	Segment Sequence	2	
ERR.2.3	Field Position	1	
ERR.2.4	Field Repetition	1	
ERR.2.5	Component Number		
ERR.2.6	Sub-Component Number		
ERR.3	**HL7 Error Code**		
ERR.3.1	Identifier	999	
ERR.3.2	Text	Application error	
ERR.3.3	Name of Coding System	HL70357	
ERR.3.5	Alternate Text		
ERR.3.6	Name of Alternate Coding System		
ERR.4	**Severity**	W	
ERR.5	**Application Error Code**		
ERR.5.1	Identifier	5	
ERR.5.2	Text	Table value not found	
ERR.5.3	Name of Coding System	HL70533	
ERR.5.5	Alternate Text		
ERR.5.6	Name of Alternate Coding System		
ERR.8	**User Message**	Administration Site not recognized - site data will not be saved	

1.10. TC-10

New administration resulting in multiple soft errors

Test Story

Description

A patient is seen at a clinic. A new administration is recorded. The IIS is able to process the administration message but finds multiple soft errors (warnings) which it returns in the acknowledgement message.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

The returned error must be visible in the EHR.

Test Objectives

This test case assesses the ability of the EHR to accept an acknowledgement message with multiple soft errors being returned by the IIS.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.10.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 4 year old female, Lacy Wells, is brought to the West Clinic for a well child visit by her guardian Janelle Trudeau. A clinic staff member collects basic patient demographic information including name, date of birth and sex. A clinic provider, Wilma Thomas (physician ID 654) reviews the patient's vaccination history and determines that the child requires DTaP, polio, MMR and varicella vaccinations. The child is covered by insurance and does not qualify for all Vaccine For Children (VFC) supplied vaccines. The guardian is given the appropriate Vaccine Information Sheet (VIS) to review. After reading it, she agrees that the child should receive all the vaccines. She also agrees that the data should be shared once it is incorporated into the local IIS. Appropriate doses of KINRIX (DTap-IPV) and PROQUAD (MMRV) are selected from the clinic's stock of privately funded vaccines. A clinician, Lily Jackson (ID 7824) prepares and administers the doses to the patient and enters the data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150625115038.030-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	Message Control ID	10746	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	ER	
MSH.16	Application Acknowledgment Type	AL	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	22533	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Wells	
PID.5.2	Given Name	SMith	
PID.5.3	Second and Further Given Names or Initials Thereof		
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	20110430	
PID.8	**Administrative Sex**	F	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	12 North Oak St	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5552914	
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2186-5	
PID.22.2	Text	Not Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	
PID.25	**Birth Order**	1	
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		

PID.30 Location	Patient Death Indicator Data Elemenmt	N Data	Categrization

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	01	
PD1.11.2	Text	No reminder/recall	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	Y	
PD1.13	**Protection Indicator Effective Date**	20150625	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20110430	
PD1.18	**Publicity Code Effective Date**	20150625	

NK1 : Next of Kin / Associated Parties

Location	Data Elemenmt	Data	Categrization
NK1.1	**Set ID - NK1**	1	
NK1.2	**Name**		
NK1.2.1	Family Name		
NK1.2.1.1	Surname	Trudeau	
NK1.2.2	Given Name	Janelle	
NK1.2.3	Second and Further Given Names or Initials Thereof		
NK1.2.7	Name Type Code	L	
NK1.3	**Relationship**		
NK1.3.1	Identifier	GRD	
NK1.3.2	Text	Guardian	
NK1.3.3	Name of Coding System	HL70063	
NK1.3.5	Alternate Text		
NK1.3.6	Name of Alternate Coding System		
NK1.4	**Address**		
NK1.4.1	Street Address		
NK1.4.1.1	Street or Mailing Address	12 North Oak St	
NK1.4.2	Other Designation		
NK1.4.3	City	Bozeman	
NK1.4.4	State or Province	MT	
NK1.4.5	Zip or Postal Code	59715	
NK1.4.6	Country	USA	
NK1.4.7	Address Type	P	
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	
NK1.5.3	Telecommunication Equipment Type	PH	
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	406	
NK1.5.7	Local Number	5552914	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	657	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	68544	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150625	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	94	
RXA.5.2	Text	MMRV	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	Administered Amount		0.5	
RXA.7	Administered Units			
RXA.7.1	Identifier		mL	
RXA.7.2	Text		mL	
RXA.7.3	Name of Coding System		UCUM	
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	Administration Notes			
RXA.9.1	Identifier		00	
RXA.9.2	Text		New Record	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	Administering Provider			
RXA.10.1	ID Number		7824	
RXA.10.2	Family Name			
RXA.10.2.1	Surname		Jackson	
RXA.10.3	Given Name		Lily	
RXA.10.4	Second and Further Given Names or Initials Thereof		Suzanne	
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code		L	
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code		PRN	
RXA.11	Administered-at Location			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID		wcEHR	
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	Substance Lot Number		407453	
RXA.16	Substance Expiration Date			
RXA.16.1	Time		20151015	
RXA.17	Substance Manufacturer Name			
RXA.17.1	Identifier		MSD	
RXA.17.2	Text		Merck and Co., Inc.	
RXA.17.3	Name of Coding System		MVX	
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	Substance/Treatment Refusal Reason			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	Completion Status		CP	
RXA.21	Action Code - RXA		A	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	RD	
RXR.2.2	Text	Right Deltoid	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	PHC70	
OBX.5.2	Text	Private	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V01	
OBX.5.2	Text	Not VFC Eligible	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300013411100521	
OBX.5.2	Text	Measles/Mumps/Rubella/Varicella VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150625	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	7553	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	8671	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	654	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Thomas	
ORC.12.3	Given Name	Wilma	
ORC.12.4	Second and Further Given Names or Initials Thereof	Elizabeth	
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code	L	
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code	MD	
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150625	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	130	
RXA.5.2	Text	DTaP-IPV	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3	Name of Coding System			
RXA.5.5	Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**	0.5		
RXA.7	**Administered Units**			
RXA.7.1	Identifier	mL		
RXA.7.2	Text	mL		
RXA.7.3	Name of Coding System	UCUM		
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier	00		
RXA.9.2	Text	New Record		
RXA.9.3	Name of Coding System	NIP001		
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number	7824		
RXA.10.2	Family Name			
RXA.10.2.1	Surname	Jackson		
RXA.10.3	Given Name	Lily		
RXA.10.4	Second and Further Given Names or Initials Thereof	Suzanne		
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code	L		
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code	PRN		
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID	wcEHR		
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**	88402		
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time	20150730		
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier	SKB		
RXA.17.2	Text	GlaxoSmithKline		
RXA.17.3	Name of Coding System	MVX		
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**	CP		
RXA.21	**Action Code - RXA**	A		

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	Intramuscular	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier	LD	
RXR.2.2	Text	Left Deltoid	
RXR.2.3	Name of Coding System	HL70163	
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30963-3	
OBX.3.2	Text	Vaccine Funding Source	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	PHC70	
OBX.5.2	Text	Private	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	64994-7	
OBX.3.2	Text	Vaccine Funding Program Eligibility	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	V01	
OBX.5.2	Text	Not VFC Eligible	
OBX.5.3	Name of Coding System	HL70064	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier	VXC40	
OBX.17.2	Text	per immunization	
OBX.17.3	Name of Coding System	CDCPHINVS	
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300017211111108	
OBX.5.2	Text	Polio VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	20150625	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	5	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	69764-9	
OBX.3.2	Text	Document Type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	253088698300003511070517	
OBX.5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		
OBX.5.6	Name of Alternate Coding System		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	6	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	29769-7	
OBX.3.2	Text	Date Vis Presented	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**	20150625	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150625	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

Test Data Specification

Patient Information

Element	Data
Patient Name	SMith Wells
Mother's Maiden Name	
ID Number	22533
Date/Time of Birth	04/30/2011
Administrative Sex	F
Patient Address 1	12 North Oak St Bozeman MT 59715 USA
Local Number	(406)555-2914
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	04/30/2011
Publicity Code	No reminder/recall
Publicity Code Effective Date	06/25/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/25/2015

Guardian or Responsible Party

Element	Data
Name	Janelle Trudeau
Relationship	Guardian
Address	12 North Oak St Bozeman MT 59715 USA
Phone Number or Email address	(406)555-2914

Vaccine Administration Information

Element	Data
Administered Code	MMRV
Date/Time Start of Administration	06/25/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	407453
Substance Expiration Date	10/15/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Measles/Mumps/Rubella/Varicella VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	DTaP-IPV
Date/Time Start of Administration	06/25/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	88402
Substance Expiration Date	07/30/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Action Code	A
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Polio VIS
Date Vis Presented	
Document Type	Diphtheria/Tetanus/Pertussis (DTaP) VIS
Date Vis Presented	

1.10.2. Consume acknowledgement message

Tests the ability to consume an ACK message containing multiple warnings

Test Story

Description

A mapping error in the IIS software results in the IIS being unable to recognize either administration site sent in RXR-2 even though it is valid. The acknowledgement message returned contains warnings for the invalid values.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The errors returned in the acknowledgement message are visible in the system responsible for the content of the administration message.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150625115038.044-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	**Message Control ID**	29540	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AE	
MSA.2	**Message Control ID**	10746	

ERR : Error

Location	Data Elemenmt	Data	Categrization
ERR.2	**Error Location**		
ERR.2.1	Segment ID	RXR	
ERR.2.2	Segment Sequence	1	
ERR.2.3	Field Position	2	
ERR.2.4	Field Repetition	1	
ERR.2.5	Component Number	1	
ERR.2.6	Sub-Component Number		
ERR.3	**HL7 Error Code**		
ERR.3.1	Identifier	999	
ERR.3.2	Text	Application error	
ERR.3.3	Name of Coding System	HL70357	
ERR.3.5	Alternate Text		
ERR.3.6	Name of Alternate Coding System		
ERR.4	**Severity**	W	
ERR.5	**Application Error Code**		
ERR.5.1	Identifier	5	
ERR.5.2	Text	Table value not found	
ERR.5.3	Name of Coding System	HL70533	
ERR.5.5	Alternate Text		
ERR.5.6	Name of Alternate Coding System		
ERR.8	**User Message**	Administration Site not recognized - site data will not be saved	

ERR : Error

Location	Data Elemenmt	Data	Categrization
ERR.2	**Error Location**		
ERR.2.1	Segment ID	RXR	
ERR.2.2	Segment Sequence	2	
ERR.2.3	Field Position	2	
ERR.2.4	Field Repetition	1	
ERR.2.5	Component Number	1	
ERR.2.6	Sub-Component Number		
ERR.3	**HL7 Error Code**		
ERR.3.1	Identifier	999	
ERR.3.2	Text	Application error	
ERR.3.3	Name of Coding System	HL70357	
ERR.3.5	Alternate Text		
ERR.3.6	Name of Alternate Coding System		
ERR.4	**Severity**	W	
ERR.5	**Application Error Code**		
ERR.5.1	Identifier	5	
ERR.5.2	Text	Table value not found	
ERR.5.3	Name of Coding System	HL70533	
ERR.5.5	Alternate Text		
ERR.5.6	Name of Alternate Coding System		
ERR.8	**User Message**	Administration Site not recognized - site data will not be saved	

1.11. TC-11

Historical administration resulting in system error

Test Story

Description

A patient is seen at a clinic. A historical vaccination is recorded but the IIS is unable to process the administration message, rejects it and returns a fatal error in the? acknowledgement?message.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

The returned error must be visible in the EHR.

Test Objectives

This test case assesses the ability of the EHR to accept an acknowledgement message with a fatal system error being returned by the IIS.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

1.11.1. Send administration message

Tests the ability to create a valid VXU^V04 message

Test Story

Description

A 68 year old male, Manuel Diego Vasquez, comes to the West Clinic for a physical. A clinic staff member collects basic patient demographic information including name, date of birth and sex. The patient reports that he received a pneumococcal vaccination at a local pharmacy on October 21, 2014. The clinic staff determine that no further vaccinations are required. A clinician, Lily Jackson (ID 7824) enters the historical data into the EHR and transmits it to the IIS.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	wcEHR	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	IIS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150625072816.601-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	VXU	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	VXU_V04	
MSH.10	**Message Control ID**	41821	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z22	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	wcEHR	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	IIS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

PID : Patient Identification

PID - Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	21142	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	wcEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Vasquez	
PID.5.2	Given Name	Manuel	
PID.5.3	Second and Further Given Names or Initials Thereof	Diego	
PID.5.7	Name Type Code	L	
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname		
PID.6.7	Name Type Code		
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19470215	
PID.8	**Administrative Sex**	M	
PID.10	**Race**		
PID.10.1	Identifier	2106-3	
PID.10.2	Text	White	
PID.10.3	Name of Coding System	CDCREC	
PID.10.5	Alternate Text		
PID.10.6	Name of Alternate Coding System		
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	227 Park Ave	
PID.11.2	Other Designation		
PID.11.3	City	Bozeman	
PID.11.4	State or Province	MT	
PID.11.5	Zip or Postal Code	59715	
PID.11.6	Country	USA	
PID.11.7	Address Type	P	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	
PID.13.3	Telecommunication Equipment Type	PH	
PID.13.4	Email Address		
PID.13.6	Area/City Code	406	
PID.13.7	Local Number	5555815	
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	NET	
PID.13.3	Telecommunication Equipment Type		
PID.13.4	Email Address	Manuel.Vasquez@isp.com	
PID.13.6	Area/City Code		
PID.13.7	Local Number		
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2135-2	
PID.22.2	Text	Hispanic or Latino	
PID.22.3	Name of Coding System	CDCREC	
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**	N	

PID.2 Location	Birth Order Data Elemenmt	1 Data	Categrization
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		
PID.30	**Patient Death Indicator**	N	

PD1 : Patient Additional Demographic

Location	Data Elemenmt	Data	Categrization
PD1.11	**Publicity Code**		
PD1.11.1	Identifier	01	
PD1.11.2	Text	No reminder/recall	
PD1.11.3	Name of Coding System	HL70215	
PD1.11.5	Alternate Text		
PD1.11.6	Name of Alternate Coding System		
PD1.12	**Protection Indicator**	N	
PD1.13	**Protection Indicator Effective Date**	20150625	
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20150625	
PD1.18	**Publicity Code Effective Date**	20150625	

PID.2 Location	Data Elemenmt	Data	Categrization
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		
PID.30	**Patient Death Indicator**	N	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	4486	
ORC.2.2	Namespace ID	wcEHR	
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	31165	
ORC.3.2	Namespace ID	wcEHR	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number	7824	
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Jackson	
ORC.10.3	Given Name	Lily	
ORC.10.4	Second and Further Given Names or Initials Thereof	Suzanne	
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code	L	
ORC.10.12	Check Digit Scheme		
ORC.10.13	Identifier Type Code	PRN	
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname		
ORC.12.3	Given Name		
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		
ORC.12.9.3	Universal ID Type		
ORC.12.10	Name Type Code		
ORC.12.12	Check Digit Scheme		
ORC.12.13	Identifier Type Code		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	wcEHR	
ORC.17.2	Text	West Clinic	
ORC.17.3	Name of Coding System	HL70362	
ORC.17.5	Alternate Text		
ORC.17.6	Name of Alternate Coding System		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20141021	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	152	
RXA.5.2	Text	Pneumococcal Conjugate, unspecified formulation	

Location	Data Elemenmt	CVX	Data	Categrization
RXA.5.3 RXA.5.5	Name of Coding System Alternate Text			
RXA.5.6	Name of Alternate Coding System			
RXA.6	**Administered Amount**		999	
RXA.7	**Administered Units**			
RXA.7.1	Identifier			
RXA.7.2	Text			
RXA.7.3	Name of Coding System			
RXA.7.5	Alternate Text			
RXA.7.6	Name of Alternate Coding System			
RXA.9	**Administration Notes**			
RXA.9.1	Identifier		01	
RXA.9.2	Text		Historical Administration	
RXA.9.3	Name of Coding System		NIP001	
RXA.9.5	Alternate Text			
RXA.9.6	Name of Alternate Coding System			
RXA.10	**Administering Provider**			
RXA.10.1	ID Number			
RXA.10.2	Family Name			
RXA.10.2.1	Surname			
RXA.10.3	Given Name			
RXA.10.4	Second and Further Given Names or Initials Thereof			
RXA.10.9	Assigning Authority			
RXA.10.9.2	Universal ID			
RXA.10.9.3	Universal ID Type			
RXA.10.10	Name Type Code			
RXA.10.12	Check Digit Scheme			
RXA.10.13	Identifier Type Code			
RXA.11	**Administered-at Location**			
RXA.11.4	Facility			
RXA.11.4.1	Namespace ID			
RXA.11.4.2	Universal ID			
RXA.11.4.3	Universal ID Type			
RXA.15	**Substance Lot Number**			
RXA.16	**Substance Expiration Date**			
RXA.16.1	Time			
RXA.17	**Substance Manufacturer Name**			
RXA.17.1	Identifier			
RXA.17.2	Text			
RXA.17.3	Name of Coding System			
RXA.17.5	Alternate Text			
RXA.17.6	Name of Alternate Coding System			
RXA.18	**Substance/Treatment Refusal Reason**			
RXA.18.1	Identifier			
RXA.18.2	Text			
RXA.18.3	Name of Coding System			
RXA.18.5	Alternate Text			
RXA.18.6	Name of Alternate Coding System			
RXA.20	**Completion Status**		CP	
RXA.21	**Action Code - RXA**		A	

Test Data Specification

Patient Information

Element	Data
Patient Name	Manuel Diego Vasquez
Mother's Maiden Name	
ID Number	21142
Date/Time of Birth	02/15/1947
Administrative Sex	M
Patient Address 1	227 Park Ave Bozeman MT 59715 USA
Local Number	(406)555-5815
Race	White
Ethnic Group	Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	06/25/2015
Publicity Code	No reminder/recall
Publicity Code Effective Date	06/25/2015
Protection Indicator	N
Protection Indicator Effective Date	06/25/2015

Vaccine Administration Information

Element	Data
Administered Code	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	10/21/2014
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Action Code	A
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Historical Administration

Element	Data

1.11.2. Consume acknowledgement message

Tests the ability to consume an ACK message containing a system error

Test Story

Description

Due to an error in the IIS software, the IIS is unable to recognize the HL7 version ID sent in MSH-12 even though it is valid. The acknowledgement message returned contains an error for an unsupported version ID.

Comments

No Comments

PreCondition

A VXU message is generated by the EHR.

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

The error returned in the acknowledgement message is visible in the system responsible for the content of the administration message.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	IIS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID		
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	wcEHR	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20150625072816.602-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	ACK	
MSH.9.2	Trigger Event	V04	
MSH.9.3	Message Structure	ACK	
MSH.10	Message Control ID	48026	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	NE	
MSH.16	Application Acknowledgment Type	NE	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z23	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	IIS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	wcEHR	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	**Acknowledgment Code**	AR	
MSA.2	**Message Control ID**	41821	

ERR : Error

Location	Data Elemenmt	Data	Categrization
ERR.2	**Error Location**		
ERR.2.1	Segment ID	MSH	
ERR.2.2	Segment Sequence	12	
ERR.2.3	Field Position	1	
ERR.2.4	Field Repetition	1	
ERR.2.5	Component Number		
ERR.2.6	Sub-Component Number		
ERR.3	**HL7 Error Code**		
ERR.3.1	Identifier	203	
ERR.3.2	Text	Unsupported Version ID	
ERR.3.3	Name of Coding System	HL70357	
ERR.3.5	Alternate Text		
ERR.3.6	Name of Alternate Coding System		
ERR.4	**Severity**	E	
ERR.5	**Application Error Code**		
ERR.5.1	Identifier		
ERR.5.2	Text		
ERR.5.3	Name of Coding System		
ERR.5.5	Alternate Text		
ERR.5.6	Name of Alternate Coding System		
ERR.8	**User Message**	Version ID not recognized - message rejected	

2. Evaluated History and Forecast Group

This set of tests evaluates the EHR's ability to create well-formed queries and gracefully accept the response messages. It evaluates that the clinician is shown the results of the query.

2.1. Q R TC-1

QBP for young adult with immunization history

Test Story

Description

A young adult is seen by a clinician. The clinician uses the EHR to request and evaluated history and forecast. The IIS returns an evaluated history and forecast for that person.

Comments

No Comments

PreCondition

The person has a record in the IIS.

PostCondition

No PostCondition

Test Objectives

Evaluates EHR ability to create a well formed query for a young adult. Evaluates EHR ability to accept a response with evaluated history and forecast for that person.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

2.1.1. send query

Query requests an evaluated history and forecast for a young adult

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyEHR	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	DCS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MyIIS	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	StatePH	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150531145156-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	QBP	
MSH.9.2	Trigger Event	Q11	
MSH.9.3	Message Structure	QBP_Q11	
MSH.10	**Message Control ID**	443533469	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z44	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	12993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Stanley	
QPD.4.2	Given Name	Sally	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	M	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

RCP : Response Control Parameter

Location	Data Elemenmt	Data	Categrization
RCP.1	**Query Priority**	I	

Test Data Specification

Patient Information

Element	Data
Patient Name	Sally S Stanley
Date/Time of Birth	02/14/1980
Sex	M
Patient Address	10 East Main St Pretty Valley MI
Patient Phone	(734)555-6712

2.1.2. Send response

No Description

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyIIS	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	StatePH	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MyEHR	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	DCS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150531145233-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	RSP	
MSH.9.2	Trigger Event	K11	
MSH.9.3	Message Structure	RSP_K11	
MSH.10	**Message Control ID**	4483533469	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z42	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	StatePH	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID		
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code		
MSH.22.10	Organization Identifier		
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	DCS	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID	DCS	
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code	XX	
MSH.23.10	Organization Identifier	6439432	

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	Test Case Fixed
MSA.2	Message Control ID	793543	System Generated

QAK : Query Acknowledgment

Location	Data Elemenmt	Data	Categrization
QAK.1	Query Tag	37374859	System Generated
QAK.2	Query Response Status	OK	Test Case Fixed
QAK.3	Message Query Name		
QAK.3.1	Identifier	Z44	
QAK.3.2	Text	request evaluated Immunization history	
QAK.3.3	Name of Coding System	CDCPHINVS	
QAK.3.5	Alternate Text		
QAK.3.6	Name of Alternate Coding System		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	12993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Stanley	
QPD.4.2	Given Name	Sally	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	F	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	12993456	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	MYEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	34500907	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	MyIIS	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	SR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Stanley	
PID.5.2	Given Name	Sally	
PID.5.3	Second and Further Given Names or Initials Thereof	S	
PID.5.7	Name Type Code	L	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19800214	
PID.8	**Administrative Sex**	F	
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address		
PID.11.2	Other Designation		
PID.11.3	City		
PID.11.4	State or Province		
PID.11.5	Zip or Postal Code		
PID.11.6	Country		
PID.11.7	Address Type		
PID.30	**Patient Death Indicator**	N	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20090415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	
RXA.5.2	Text	Hep B NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20090515	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	
RXA.5.2	Text	Hep B NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	5	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	6	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20091215	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	
RXA.5.2	Text	Hep B NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	5	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	6	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800615	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800815	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19811115	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19860415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	10	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergization
OBX.1	**Set ID - OBX**	11	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	12	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800615	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	13	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	14	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	15	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19800910	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	16	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	17	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	18	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19860415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	19	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	20	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	21	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20100415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	100	
RXA.5.2	Text	PCV7	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	22	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	23	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	24	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20100415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	139	
RXA.5.2	Text	Td NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	24	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	25	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	26	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20091015	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	88	
RXA.5.2	Text	influenza NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	27	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	28	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	29	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20101015	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	141	
RXA.5.2	Text	influenza seasonal	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	30	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	16	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	31	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	16	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	32	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	16	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20110901	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	140	
RXA.5.2	Text	seasonal flu	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	33	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	17	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	34	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	17	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	35	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	17	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20150531	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	998	
RXA.5.2	Text	no vaccine admin	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier		
RXA.9.2	Text		
RXA.9.3	Name of Coding System		
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	NA	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	36	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	18	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	37	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	18	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	38	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30980-7	
OBX.3.2	Text	Date vaccination due	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	18	
OBX.5	**Observation Value**	20150531	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	39	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30981-5	
OBX.3.2	Text	Earliest Date	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	18	
OBX.5	**Observation Value**	20150531	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	40	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	19	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	41	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	19	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	42	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30980-7	
OBX.3.2	Text	Date vaccination due	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	19	
OBX.5	**Observation Value**	20150531	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	43	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30981-5	
OBX.3.2	Text	Earliest Date	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	19	
OBX.5	**Observation Value**	20150531	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20150531	

Juror Document

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass ☐	Fail ☐
Juror ID		
Juror Name		

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information

Patient Identifier	Patient Name	DOB	Gender	Tester Comment
12993456	Sally S Stanley	02/14/1980	Female	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History and Immunization Forecast

Immunization Schedule Used	Tester Comment
ACIP	

Evaluated Immunization History

Vaccine Group	Vaccine Administered	Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment
Hep B NOS	Hep B NOS	04/15/2009	YES		Complete	
Hep B NOS	Hep B NOS	05/15/2009	YES		Complete	
Hep B NOS	Hep B NOS	12/15/2009	YES		Complete	
DTAP NOS	DTP	04/15/1980	YES		Complete	
DTAP NOS	DTP	06/15/1980	YES		Complete	
DTAP NOS	DTP	08/15/1980	YES		Complete	
DTAP NOS	DTP	11/15/1981	YES		Complete	
DTAP NOS	DTP	04/15/1986	YES		Complete	
polio NOS	polio NOS	04/15/1980	YES		Complete	
polio NOS	polio NOS	06/15/1980	YES		Complete	
polio NOS	polio NOS	09/10/1980	YES		Complete	
polio NOS	polio NOS	04/15/1986	YES		Complete	
pnuemococcal conjugate	PCV7	04/15/2010	YES		Complete	
Td NOS	Td NOS	04/15/2010	YES		Complete	
influenza NOS	influenza NOS	10/15/2009	YES		Complete	
influenza NOS	influenza seasonal	10/15/2010	YES		Complete	
influenza NOS	seasonal flu	09/01/2011	YES		Complete	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast

Vaccine Group	Due Date	Earliest Date To Give	Latest Date to Give	Series Status	Forecast Reason	Tester Comment
influenza NOS	05/31/2015	05/31/2015				
MMR	05/31/2015	05/31/2015				

2.2. Q R TC-2

Adult with immunizations, including smallpox

Test Story

Description

This test requests an evaluated history and forecast for an adult with a small pox vaccination.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

The objective is to evaluate the ability of the EHR to gracefully handle an immunization with no validation and not forecast.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

2.2.1. Send query

No Description

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyIIS	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	StatePH	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MYEHR	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	DCS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20141031145233-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	QBP	
MSH.9.2	Trigger Event	Q11	
MSH.9.3	Message Structure	QBP_Q11	
MSH.10	**Message Control ID**	443533469	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	
MSH.16	**Application Acknowledgment Type**	AL	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z44	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	123456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Stanley	
QPD.4.2	Given Name	Clement	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname	Smith	
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19500214	
QPD.7	**Patient Sex**	M	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Titletown	
QPD.8.4	State or Province	WI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	690	
QPD.9.7	Local Number	1231234	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

RCP : Response Control Parameter

Location	Data Elemenmt	Data	Categrization
RCP.1	**Query Priority**	I	

Test Data Specification

Patient Information

Element	Data
Patient Name	Clement S Stanley
Date/Time of Birth	02/14/1950
Sex	M
Patient Address	10 East Main St Titletown WI
Patient Phone	(690)123-1234

2.2.2. return response

return response to query for an adult with historical smallpox vaccination

Test Story

Description

Query is returned for Clement S Stanley. Clement has a number of historical dose records, including one for small pox. This vaccine is not validated and so has no dose validity. All other doses are valid. Mr. Stanley is due for a pneumococcal vaccine and an influenza vaccine.

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

Deomonstrate capability to receive a response file with a number of doses adminsitered, both current and historical. Also demonstrate capability to display a vaccination that is not validated.

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	Field Separator	FieldSeperator	
MSH.2	Encoding Characters	Encoding	
MSH.3	Sending Application		
MSH.3.1	Namespace ID	MyIIS	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	Sending Facility		
MSH.4.1	Namespace ID	StatePH	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	Receiving Application		
MSH.5.1	Namespace ID	MYEHR	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID	DCS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20141031145233-0500	
MSH.9	Message Type		
MSH.9.1	Message Code	RSP	
MSH.9.2	Trigger Event	K11	
MSH.9.3	Message Structure	RSP_K11	
MSH.10	Message Control ID	443533469	
MSH.11	Processing ID		
MSH.11.1	Processing ID	P	
MSH.12	Version ID		
MSH.12.1	Version ID	2.5.1	
MSH.15	Accept Acknowledgment Type	NE	
MSH.16	Application Acknowledgment Type	NE	
MSH.21	Message Profile Identifier		
MSH.21.1	Entity Identifier	Z42	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	Sending Responsible Organization		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	Receiving Responsible Organization		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	793543	

QAK : Query Acknowledgment

Location	Data Elemenmt	Data	Categrization
QAK.1	Query Tag	37374859	
QAK.2	Query Response Status	OK	
QAK.3	Message Query Name		
QAK.3.1	Identifier	Z44	
QAK.3.2	Text	request evaluated Immunization history	
QAK.3.3	Name of Coding System	CDCPHINVS	
QAK.3.5	Alternate Text		
QAK.3.6	Name of Alternate Coding System		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	123456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Stanley	
QPD.4.2	Given Name	Clement	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname	Smith	
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19500214	
QPD.7	**Patient Sex**	M	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Titletown	
QPD.8.4	State or Province	WI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	690	
QPD.9.7	Local Number	1231234	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

PID : Patient Identification

Location	Data Elemenmt	Data	Categrization
PID.1	**Set ID - PID**	1	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	123456	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	MYEHR	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	MR	
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	34500907	
PID.3.3	Check Digit Scheme		
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	MyIIS	
PID.3.4.2	Universal ID		
PID.3.4.3	Universal ID Type		
PID.3.5	Identifier Type Code	SR	
PID.5	**Patient Name**		
PID.5.1	Family Name		
PID.5.1.1	Surname	Stanley	
PID.5.2	Given Name	Clement	
PID.5.3	Second and Further Given Names or Initials Thereof	S	
PID.5.7	Name Type Code	L	
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19500214	
PID.8	**Administrative Sex**	M	
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	10 East Main St	
PID.11.2	Other Designation		
PID.11.3	City	Titletown	
PID.11.4	State or Province	WI	
PID.11.5	Zip or Postal Code		
PID.11.6	Country		
PID.11.7	Address Type	L	
PID.30	**Patient Death Indicator**		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20090415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	31	
RXA.5.2	Text	Hep B Peds NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20090515	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	31	
RXA.5.2	Text	Hep B Peds NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	4	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	5	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	6	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	2	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20091215	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	31	
RXA.5.2	Text	Hep B Peds NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	7	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	8	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	9	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	3	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19600415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	01	
RXA.5.2	Text	DTP	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergrization
OBX.1	**Set ID - OBX**	10	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Catergrization
OBX.1	**Set ID - OBX**	11	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	12	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	4	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19600415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	13	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	14	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	15	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	5	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19600615	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	16	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	17	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	18	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	6	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19600910	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	19	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	20	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	21	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	7	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19610415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	89	
RXA.5.2	Text	polio NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	22	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	23	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	24	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	8	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elementmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	19520415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	75	
RXA.5.2	Text	vaccinia small pox	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20130415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	33	
RXA.5.2	Text	pneumococcal ppv23	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	25	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	26	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	27	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	9	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20090415	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	139	
RXA.5.2	Text	Td NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	28	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	29	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	30	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	10	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20091015	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	88	
RXA.5.2	Text	influenza NOS	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	31	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	32	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	33	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	11	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20101015	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	141	
RXA.5.2	Text	influenza seasonal	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	01	
RXA.9.2	Text	historical record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	34	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	35	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	36	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	12	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20110901	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	140	
RXA.5.2	Text	seasonal flu	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	0.5	
RXA.7	**Administered Units**		
RXA.7.1	Identifier	mL	
RXA.7.2	Text		
RXA.7.3	Name of Coding System	UCUM	
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier	00	
RXA.9.2	Text	new immunization record	
RXA.9.3	Name of Coding System	NIP001	
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname	Sticker	
RXA.10.3	Given Name	Nurse	
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID	DCS_DC	
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	CP	

RXR : Pharmacy/Treatment Route

Location	Data Elemenmt	Data	Categrization
RXR.1	**Route**		
RXR.1.1	Identifier	C28161	
RXR.1.2	Text	IM	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text		
RXR.1.6	Name of Alternate Coding System		
RXR.2	**Administration Site**		
RXR.2.1	Identifier		
RXR.2.2	Text		
RXR.2.3	Name of Coding System		
RXR.2.5	Alternate Text		
RXR.2.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	37	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	38	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	39	
OBX.2	**Value Type**	ID	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59781-5	
OBX.3.2	Text	dose validity	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	13	
OBX.5	**Observation Value**	Y	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20141031	

ORC : Common Order

Location	Data Elemenmt	Data	Categrization
ORC.1	**Order Control**	RE	
ORC.2	**Placer Order Number**		
ORC.2.3	Universal ID		
ORC.2.4	Universal ID Type		
ORC.3	**Filler Order Number**		
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		

RXA : Pharmacy/Treatment Administration

Location	Data Elemenmt	Data	Categrization
RXA.1	**Give Sub-ID Counter**	0	
RXA.2	**Administration Sub-ID Counter**	1	
RXA.3	**Date/Time Start of Administration**		
RXA.3.1	Time	20141031	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	998	
RXA.5.2	Text	no vaccine admin	
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	
RXA.7	**Administered Units**		
RXA.7.1	Identifier		
RXA.7.2	Text		
RXA.7.3	Name of Coding System		
RXA.7.5	Alternate Text		
RXA.7.6	Name of Alternate Coding System		
RXA.9	**Administration Notes**		
RXA.9.1	Identifier		
RXA.9.2	Text		
RXA.9.3	Name of Coding System		
RXA.9.5	Alternate Text		
RXA.9.6	Name of Alternate Coding System		
RXA.10	**Administering Provider**		
RXA.10.1	ID Number		
RXA.10.2	Family Name		
RXA.10.2.1	Surname		
RXA.10.3	Given Name		
RXA.10.4	Second and Further Given Names or Initials Thereof		
RXA.10.9	Assigning Authority		
RXA.10.9.2	Universal ID		
RXA.10.9.3	Universal ID Type		
RXA.10.10	Name Type Code		
RXA.10.12	Check Digit Scheme		
RXA.10.13	Identifier Type Code		
RXA.11	**Administered-at Location**		
RXA.11.4	Facility		
RXA.11.4.1	Namespace ID		
RXA.11.4.2	Universal ID		
RXA.11.4.3	Universal ID Type		
RXA.18	**Substance/Treatment Refusal Reason**		
RXA.18.1	Identifier		
RXA.18.2	Text		
RXA.18.3	Name of Coding System		
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	NA	

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	40	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	41	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	42	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30980-7	
OBX.3.2	Text	Date vaccination due	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**	20150214	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	43	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30981-5	
OBX.3.2	Text	Earliest Date to give	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	14	
OBX.5	**Observation Value**	20150914	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	44	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30956-7	
OBX.3.2	Text	vaccine type	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	45	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59779-9	
OBX.3.2	Text	Immunization Schedule used	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**		
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	46	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30980-7	
OBX.3.2	Text	Date vaccination due	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**	20150914	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	47	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	59777-3	
OBX.3.2	Text	iwehwieofnd	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**	20151111	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

OBX : Observation/Result

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	48	
OBX.2	**Value Type**	DT	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30981-5	
OBX.3.2	Text	Earliest Date to give	
OBX.3.3	Name of Coding System	LN	
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		
OBX.4	**Observation Sub-ID**	15	
OBX.5	**Observation Value**	20150914	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		
OBX.6.5	Alternate Text		
OBX.6.6	Name of Alternate Coding System		
OBX.11	**Observation Result Status**	F	
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time		

Juror Document

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	**Pass** ☐	**Fail** ☐
Juror ID		
Juror Name		

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information				
Patient Identifier	**Patient Name**	**DOB**	**Gender**	**Tester Comment**
123456	Clement S Stanley	02/14/1950	Male	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History and Immunization Forecast	
Immunization Schedule Used	**Tester Comment**
ACIP	

Evaluated Immunization History

Vaccine Group	Vaccine Administered	Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment
Hep B NOS	Hep B Peds NOS	04/15/2009	YES		Complete	
Hep B NOS	Hep B Peds NOS	05/15/2009	YES		Complete	
Hep B NOS	Hep B Peds NOS	12/15/2009	YES		Complete	
DTAP NOS	DTP	04/15/1960	YES		Complete	
polio NOS	polio NOS	04/15/1960	YES		Complete	
polio NOS	polio NOS	06/15/1960	YES		Complete	
polio NOS	polio NOS	09/10/1960	YES		Complete	
polio NOS	polio NOS	04/15/1961	YES		Complete	
pneumococcal ppv23	pneumococcal ppv23	04/15/2013	YES		Complete	
Td NOS	Td NOS	04/15/2009	YES		Complete	
influenza NOS	influenza NOS	10/15/2009	YES		Complete	
influenza NOS	influenza seasonal	10/15/2010	YES		Complete	
influenza NOS	seasonal flu	09/01/2011	YES		Complete	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast

Vaccine Group	Due Date	Earliest Date To Give	Latest Date to Give	Series Status	Forecast Reason	Tester Comment
pcv NOS	02/14/2015	09/14/2015	11/11/2015			
influenza NOS	09/14/2015	09/14/2015	11/11/2015			

2.3. Q R TC-3

Tests ability to send a query and receive a response where no patients are found.

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

2.3.1. Send Query expecting no match

This query should return a response where no matches are found.

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	Test Case Fixed
MSH.2	**Encoding Characters**	Encoding	Test Case Fixed
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyEHR	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	DCS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MyIIS	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	StatePH	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150531145156-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	QBP	
MSH.9.2	Trigger Event	Q11	
MSH.9.3	Message Structure	QBP_Q11	
MSH.10	**Message Control ID**	993533469	Content Indifferent
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	Test Case Fixed
MSH.16	**Application Acknowledgment Type**	AL	Test Case Fixed
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z44	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	Content Indifferent
QPD.3	**PatientList**		
QPD.3.1	ID Number	177993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Standard	
QPD.4.2	Given Name	Sam	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	M	Test Case Fixed
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

RCP : Response Control Parameter

Location	Data Elemenmt	Data	Categrization
RCP.1	**Query Priority**	I	

Test Data Specification

Patient Information

Element	Data
Patient Name	Sam S Standard
Date/Time of Birth	02/14/1980
Sex	M
Patient Address	10 East Main St Pretty Valley MI
Patient Phone	(734)555-6712

2.3.2. Response where no matches were found

Response with no matches found

Test Story

Description

No Description

Comments

No Comments

PreCondition

query finds no matches

PostCondition

Clinician is alerted to fact of no matches.

Test Objectives

No Test Objectives

Evaluation Criteria

Clinician is notified of no match.

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyIIS	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	StatePH	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MYEHR	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	DCS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20151031145233-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	RSP	
MSH.9.2	Trigger Event	K11	
MSH.9.3	Message Structure	RSP_K11	
MSH.10	**Message Control ID**	3533469	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z42	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	993533469	

QAK : Query Acknowledgment

Location	Data Elemenmt	Data	Categrization
QAK.1	Query Tag	37374859	
QAK.2	Query Response Status	NF	
QAK.3	Message Query Name		
QAK.3.1	Identifier	Z44	
QAK.3.2	Text	request evaluated Immunization history	
QAK.3.3	Name of Coding System	CDCPHINVS	
QAK.3.5	Alternate Text		
QAK.3.6	Name of Alternate Coding System		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	37374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	177993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Standard	
QPD.4.2	Given Name	Sam	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	M	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

Juror Document

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass ☐	Fail ☐
Juror ID		
Juror Name		

DISPLAY VERIFICATION

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Patient Information

Patient Identifier	Patient Name	DOB	Gender	Tester Comment

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History and Immunization Forecast

2.4. Q R TC-4

Query finds too many matches

Test Story

Description

This test evaluates the ability of the EHR to gracefully accept a response where too many matches are found, based on the parameters sent in the query. Note that this query only expects an evaluated history and forecast when an exact match is found.

Comments

The intiating clinician should be alerted to the failure to get an exact match.

PreCondition

No PreCondition

PostCondition

No PostCondition

Test Objectives

The intiating clinician should be alerted to the failure to get an exact match.

Evaluation Criteria

The EHR receives the response and alerts the clinician that too many matches were found.

Notes to Testers

No Note

2.4.1. Query that finds too many matches

Query will find too many matches

Test Story

Description

This test sends a query that will find too many matches.

Comments

The sending system will need to accept a response indicating that too many matches were found.

PreCondition

More than one person in the IIS matching the parameters in the query exists.

PostCondition

Response indicates that there are more than one match (too many) and the clinician is informed.

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Catergization
MSH.1	**Field Separator**	FieldSeperator	Test Case Fixed
MSH.2	**Encoding Characters**	Encoding	Test Case Fixed
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyEHR	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	DCS	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MyIIS	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	StatePH	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150531145156-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	QBP	
MSH.9.2	Trigger Event	Q11	
MSH.9.3	Message Structure	QBP_Q11	
MSH.10	**Message Control ID**	113533469	Content Indifferent
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	ER	Test Case Fixed
MSH.16	**Application Acknowledgment Type**	AL	Test Case Fixed
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z44	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	3137374859	Content Indifferent
QPD.3	**PatientList**		
QPD.3.1	ID Number	177993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Johnson	
QPD.4.2	Given Name	Sam	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	M	Test Case Fixed
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

Juror Document

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
	☐	☐
Juror ID		
Juror Name		

DISPLAY VERIFICATION

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Patient Information

Patient Identifier	Patient Name	DOB	Gender	Tester Comment

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Evaluated Immunization History and Immunization Forecast

Patient Identifier	Patient Name	DOB	Gender	Tester Comment

2.4.2. Response with too many matches

No Description

Test Story

Description

No Description

Comments

No Comments

PreCondition

No PreCondition

PostCondition

Clinician is alerted to multiple match condition.

Test Objectives

No Test Objectives

Evaluation Criteria

No evaluation criteria

Notes to Testers

No Note

Message Contents

MSH : Message Header

Location	Data Elemenmt	Data	Categrization
MSH.1	**Field Separator**	FieldSeperator	
MSH.2	**Encoding Characters**	Encoding	
MSH.3	**Sending Application**		
MSH.3.1	Namespace ID	MyIIS	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	StatePH	
MSH.4.2	Universal ID		
MSH.4.3	Universal ID Type		
MSH.5	**Receiving Application**		
MSH.5.1	Namespace ID	MYEHR	
MSH.5.2	Universal ID		
MSH.5.3	Universal ID Type		
MSH.6	**Receiving Facility**		
MSH.6.1	Namespace ID	DCS	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20151031145233-0500	
MSH.9	**Message Type**		
MSH.9.1	Message Code	RSP	
MSH.9.2	Trigger Event	K11	
MSH.9.3	Message Structure	RSP_K11	
MSH.10	**Message Control ID**	3533469	
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	P	
MSH.12	**Version ID**		
MSH.12.1	Version ID	2.5.1	
MSH.15	**Accept Acknowledgment Type**	NE	
MSH.16	**Application Acknowledgment Type**	NE	
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	Z42	
MSH.21.2	Namespace ID	CDCPHINVS	
MSH.21.3	Universal ID		
MSH.21.4	Universal ID Type		
MSH.22	**Sending Responsible Organization**		
MSH.22.1	Organization Name	DCS	
MSH.22.6	Assigning Authority		
MSH.22.6.1	Namespace ID	DCS	
MSH.22.6.2	Universal ID		
MSH.22.6.3	Universal ID Type		
MSH.22.7	Identifier Type Code	XX	
MSH.22.10	Organization Identifier	6439432	
MSH.23	**Receiving Responsible Organization**		
MSH.23.1	Organization Name	StatePH	
MSH.23.6	Assigning Authority		
MSH.23.6.1	Namespace ID		
MSH.23.6.2	Universal ID		
MSH.23.6.3	Universal ID Type		
MSH.23.7	Identifier Type Code		
MSH.23.10	Organization Identifier		

MSA : Message Acknowledgment

Location	Data Elemenmt	Data	Categrization
MSA.1	Acknowledgment Code	AA	
MSA.2	Message Control ID	113533469	

QAK : Query Acknowledgment

Location	Data Elemenmt	Data	Categrization
QAK.1	Query Tag	3137374859	
QAK.2	Query Response Status	TM	
QAK.3	Message Query Name		
QAK.3.1	Identifier	Z44	
QAK.3.2	Text	request evaluated Immunization history	
QAK.3.3	Name of Coding System	CDCPHINVS	
QAK.3.5	Alternate Text		
QAK.3.6	Name of Alternate Coding System		

QPD : Query Parameter Definition

Location	Data Elemenmt	Data	Categrization
QPD.1	**Message Query Name**		
QPD.1.1	Identifier	Z44	
QPD.1.2	Text	Request Evaluated History and Forecast	
QPD.1.3	Name of Coding System	CDCPHINVS	
QPD.1.5	Alternate Text		
QPD.1.6	Name of Alternate Coding System		
QPD.2	**Query Tag**	3137374859	
QPD.3	**PatientList**		
QPD.3.1	ID Number	177993456	
QPD.3.3	Check Digit Scheme		
QPD.3.4	Assigning Authority		
QPD.3.4.1	Namespace ID	MYEHR	
QPD.3.4.2	Universal ID		
QPD.3.4.3	Universal ID Type		
QPD.3.5	Identifier Type Code	MR	
QPD.4	**PatientName**		
QPD.4.1	Family Name		
QPD.4.1.1	Surname	Johnson	
QPD.4.2	Given Name	Sam	
QPD.4.3	Second and Further Given Names or Initials Thereof	S	
QPD.4.7	Name Type Code	L	
QPD.5	**PatientMotherMaidenName**		
QPD.5.1	Family Name		
QPD.5.1.1	Surname		
QPD.5.7	Name Type Code		
QPD.6	**PatientDateOfBirth**		
QPD.6.1	Time	19800214	
QPD.7	**Patient Sex**	M	
QPD.8	**Patient Address**		
QPD.8.1	Street Address		
QPD.8.1.1	Street or Mailing Address	10 East Main St	
QPD.8.2	Other Designation		
QPD.8.3	City	Pretty Valley	
QPD.8.4	State or Province	MI	
QPD.8.5	Zip or Postal Code		
QPD.8.6	Country		
QPD.8.7	Address Type	L	
QPD.9	**Phone**		
QPD.9.2	Telecommunication Use Code	PRN	
QPD.9.3	Telecommunication Equipment Type	PH	
QPD.9.4	Email Address		
QPD.9.6	Area/City Code	734	
QPD.9.7	Local Number	5556712	
QPD.10	**Multiple birth indicator**		
QPD.11	**Birth order**		

Juror Document

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass ☐	Fail ☐
Juror ID		
Juror Name		

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Patient Identifier	Patient Name	DOB	Gender	Tester Comment

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Evaluated Immunization History and Immunization Forecast

Patient Identifier	Patient Name	DOB	Gender	Tester Comment