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	Test EHR Application	
MSH.3.2	Universal ID		
MSH.3.3	Universal ID Type		
MSH.4	**Sending Facility**		
MSH.4.1	Namespace ID	X68	
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	NIST Test Iz Reg	
MSH.6.2	Universal ID		
MSH.6.3	Universal ID Type		
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20120701082240-0500	
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**	NIST-IZ-001.04	
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**		

Location	Data Elemenmt	Data	Categrization
MSH.22.1	Organization Name		
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		
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	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	987633	
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	Morales	
PID.5.2	Given Name	Mariela	Test Case Fixed

Location	Data Element	Data	Categrization
PID.5.3	Given Names or Initials Thereof	Gonzales	Test Case Fixed
PID.5.7	Name Type Code	L	Test Case Fixed
PID.6	**Mother's Maiden Name**		
PID.6.1	Family Name		
PID.6.1.1	Surname	Gonzales	Test Case Fixed
PID.6.2	Given Name	Joanna	Test Case Fixed
PID.6.7	Name Type Code	M	Test Case Fixed
PID.7	**Date/Time of Birth**		
PID.7.1	Time	201503301115	Test Case Fixed
PID.8	**Administrative Sex**	F	Test Case Fixed
PID.10	**Race**		
PID.10.1	Identifier	2131-1	Test Case Fixed
PID.10.2	Text	Other Race	Test Case Fixed
PID.10.3	Name of Coding System	HL70005	Test Case Fixed
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	3321 Standish Way	Test Case Fixed
PID.11.2	Other Designation		
PID.11.3	City	Stamford	Test Case Fixed
PID.11.4	State or Province	CT	Test Case Fixed
PID.11.5	Zip or Postal Code	06903	Test Case Fixed
PID.11.6	Country	USA	Test Case Fixed
PID.11.7	Address Type	L	Test Case Fixed
PID.11	**Patient Address**		
PID.11.1	Street Address		
PID.11.1.1	Street or Mailing Address	325 Shorline Drive	
PID.11.2	Other Designation		
PID.11.3	City	Stamford	
PID.11.4	State or Province	CT	Test Case Fixed
PID.11.5	Zip or Postal Code	06901	
PID.11.6	Country		
PID.11.7	Address Type	BDL	Test Case Fixed
PID.13	**Phone Number - Home**		
PID.13.2	Telecommunication Use Code	PRN	Test Case Fixed
PID.13.3	Telecommunication Equipment Type	PH	Test Case Fixed

Location	Data Elemenmt	Data	Categrization
PID.13.4	Email Address		
PID.13.6	Area/City Code	203	Test Case Fixed
PID.13.7	Local Number	5551214	Test Case Fixed
PID.22	**Ethnic Group**		
PID.22.1	Identifier	2135-2	Test Case Fixed
PID.22.2	Text	Hispanic or Latino	Test Case Fixed
PID.22.3	Name of Coding System	CDCREC	Test Case Fixed
PID.22.5	Alternate Text		
PID.22.6	Name of Alternate Coding System		
PID.24	**Multiple Birth Indicator**		
PID.25	**Birth Order**		
PID.29	**Patient Death Date and Time**		
PID.29.1	Time		
PID.30	**Patient Death Indicator**		

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**		
PD1.13	**Protection Indicator Effective Date**		
PD1.16	**Immunization Registry Status**	A	
PD1.17	**Immunization Registry Status Effective Date**	20120701	
PD1.18	**Publicity Code Effective Date**	20120701	

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		

Location	Data Elemenmt	Data	Categrization
NK1.2.1	Surname	Morales	Test Case Fixed
NK1.2.2	Given Name	Joanna	Test Case Fixed
NK1.2.3	Second and Further Given Names or Initials Thereof	Gonzales	Test Case Fixed
NK1.2.7	Name Type Code	L	Test Case Fixed
NK1.3	**Relationship**		
NK1.3.1	Identifier	MTH	Test Case Fixed
NK1.3.2	Text	Mother	Test Case Fixed
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	4623 Standish Way	Test Case Fixed
NK1.4.2	Other Designation		
NK1.4.3	City	Stamford	Test Case Fixed
NK1.4.4	State or Province	CT	Test Case Fixed
NK1.4.5	Zip or Postal Code	06903	Test Case Fixed
NK1.4.6	Country		
NK1.4.7	Address Type	L	Test Case Fixed
NK1.5	**Phone Number**		
NK1.5.2	Telecommunication Use Code	PRN	Test Case Fixed
NK1.5.3	Telecommunication Equipment Type	PH	Test Case Fixed
NK1.5.4	Email Address		
NK1.5.6	Area/City Code	203	Test Case Fixed
NK1.5.7	Local Number	5551213	Test Case Fixed

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	197027	
ORC.3.2	Namespace ID	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		

Location	Data Elemenmt	Data	Categrization
ORC.10	Author		
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Sirtis	Test Case Fixed
ORC.10.3	Given Name	Lisa	
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Carter	
ORC.12.3	Given Name	Jane	
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	L	
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SH	
ORC.17.2	Text	Shoreline Hospital	
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	20091123	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	08	
RXA.5.2	Text	hepatitis B vaccine, pediatric or	

Location	Data Elemenmt	pediatric/adolescent dosage Data	Categrization
RXA.5.3	Name of Coding System	CVX	
RXA.5.5	Alternate Text	ENGERIX-B	
RXA.5.6	Name of Alternate Coding System	NDC	
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	08	
RXA.9.2	Text	Historical information - from public agency	
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	Sirtis	
RXA.10.3	Given Name	Lisa	
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.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.15	**Substance Lot Number**	6332FK33	

Location	Data Elemenmt	Data	Categrization
RXA.16	**Substance Expiration Date**		
RXA.16.1	Time	20101214	
RXA.17	**Substance Manufacturer Name**		
RXA.17.1	Identifier	SKB	
RXA.17.2	Text	GlaxoSmithKline Biologicals SA	
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	IM	
RXR.1.3	Name of Coding System	NCIT	
RXR.1.5	Alternate Text	IM	
RXR.1.6	Name of Alternate Coding System	HL70162	
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		

ORC : Common Order

Location	Data Elemenmt	Data	Categrization

ORC.1 Location	Order Control Data Elemenmt	RE Data	Categrization
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	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number		
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Molina	Test Case Fixed
ORC.10.3	Given Name	Sandra	Test Case Fixed
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Smith	Test Case Fixed
ORC.12.3	Given Name	Frank	Test Case Fixed
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	L	Test Case Fixed
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SP	
ORC.17.2	Text	Shoreline Pediatrics	Test Case Fixed
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	20150715	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	45	Test Case Fixed
RXA.5.2	Text	hepatitis B vaccine, unspecified formulation	Test Case Fixed
RXA.5.3	Name of Coding System	CVX	Test Case Fixed
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	Test Case Fixed
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		

Location	Data Elemenmt	Data	Categrization
RXA.10.12	Check Digit Scheme		
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**	NA	Test Case Fixed
RXA.21	**Action Code - RXA**	A	

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	30945-0	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		

Location	Data Elemenmt	Data	Categrization
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Identifier	VXC23	
OBX.5.2	Text	current fever with moderate-to-severe illness	
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	20150715	
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**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30946-8	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication/precaution effective date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
OBX.3.5	Alternate Text		
OBX.3.6	Name of Alternate Coding System		

Location	Data Elemenmt	Data	Categrization
OBX.4	**Observation Sub-ID**	1	
OBX.5	**Observation Value**		
OBX.5.1	Time	20150715	
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	20150715	
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**	3	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30944-3	Test Case Fixed
OBX.3.2	Text	Vaccination temporary contraindication/precaution expiration date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150815	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
	Name of Coding		

Location	Data Elemennmt	Data	Categrization
OBX.6.2	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	20150715	
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 Elemennmt	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	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number		
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Molina	Test Case Fixed
ORC.10.3	Given Name	Sandra	Test Case Fixed
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		

Location	Data Elemenmt	Data	Categrization
ORC.12.2	Family Name	Smith	Test Case Fixed
ORC.12.3	Given Name	Frank	Test Case Fixed
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	L	
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SP	
ORC.17.2	Text	Shoreline Pediatrics	Test Case Fixed
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	20150715	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	107	Test Case Fixed
RXA.5.2	Text	DTaP, unspecified formulation	Test Case Fixed
RXA.5.3	Name of Coding System	CVX	Test Case Fixed
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	Test Case Fixed
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 Location	Administration Notes Data Element	Data	Categrization
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.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		

Location	Data Elemennmt	Data	Categrization
RXA.18.5	Alternate Text		
RXA.18.6	Name of Alternate Coding System		
RXA.20	**Completion Status**	NA	Test Case Fixed
RXA.21	**Action Code - RXA**	A	

OBX : Observation/Result

Location	Data Elemennmt	Data	Categrization
OBX.1	**Set ID - OBX**	1	
OBX.2	**Value Type**	CE	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30945-0	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	VXC23	
OBX.5.2	Text	current fever with moderate-to-severe illness	
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	20150715	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
	Name of Coding		

Location	Data Elemennmt	Data	Categrization
OBX.17.3	System		
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		

OBX : Observation/Result

Location	Data Elemennmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30946-8	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication/precaution effective date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150715	
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	20150715	
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 Elemennmt	Data	Categrization

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	3	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30944-3	Test Case Fixed
OBX.3.2	Text	Vaccination temporary contraindication/precaution expiration date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150815	
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	20150715	
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**		

Location	Data Elemenmt	Data	Categrization
ORC.3.1	Entity Identifier	9999	
ORC.3.2	Namespace ID	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number		
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Molina	Test Case Fixed
ORC.10.3	Given Name	Sandra	Test Case Fixed
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Smith	Test Case Fixed
ORC.12.3	Given Name	Frank	Test Case Fixed
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	L	Test Case Fixed
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SP	
ORC.17.2	Text	Shoreline Pediatrics	Test Case Fixed
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**		

Location	Data Elemenmt	Data	Categrization
RXA.3	Date	20150715	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	08	Test Case Fixed
RXA.5.2	Text	Hib	Test Case Fixed
RXA.5.3	Name of Coding System	CVX	Test Case Fixed
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	Test Case Fixed
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.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		
	Substance Lot		

Location	Data Elemenmt	Data	Categrization
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**	NA	Test Case Fixed
RXA.21	**Action Code - RXA**	A	

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	30945-0	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	VXC23	
OBX.5.2	Text	current fever with moderate-to-severe illness	
OBX.5.3	Name of Coding System	CDCPHINVS	
OBX.5.5	Alternate Text		

Location	Data Elemenmt	Data	Categrization
OBX.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	20150715	
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**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30946-8	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication/precaution effective date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150715	
OBX.6	**Units**		
OBX.6.1	Identifier		
OBX.6.2	Text		
OBX.6.3	Name of Coding System		

Location	Data Elemenmt	Data	Categrization
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	20150715	
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**	3	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30944-3	Test Case Fixed
OBX.3.2	Text	Vaccination temporary contraindication/precaution expiration date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150815	
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**		

Location	Data Elemenmt	Data	Categrization
OBX.14.1	Time	20150715	
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	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number		
ORC.10.2	Family Name		
ORC.10.2.1	Surname	Molina	Test Case Fixed
ORC.10.3	Given Name	Sandra	Test Case Fixed
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Smith	Test Case Fixed
ORC.12.3	Given Name	Frank	Test Case Fixed
ORC.12.4	Second and Further Given Names or Initials Thereof		
ORC.12.9	Assigning Authority		
ORC.12.9.2	Universal ID		

Location	Data Elemenmt	Data	Categrization
ORC.12.9.2	Universal ID Type		
ORC.12.10	Name Type Code	L	Test Case Fixed
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SP	
ORC.17.2	Text	Shoreline Pediatrics	Test Case Fixed
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	20150715	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	152	Test Case Fixed
RXA.5.2	Text	Pneumococcal Conjugate, unspecified formulation	Test Case Fixed
RXA.5.3	Name of Coding System	CVX	Test Case Fixed
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	Test Case Fixed
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		
	Name of Alternate		

Location	Data Element	Data	Categrization
RXA.9.6	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.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**	NA	Test Case Fixed
RXA.21	**Action Code - RXA**	A	

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	30945-0	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	VXC23	
OBX.5.2	Text	current fever with moderate-to-severe illness	
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	20150715	
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

Location	Data Elemenmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30946-8	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication/precaution effective date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150715	
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	20150715	
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**	3	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30944-3	Test Case Fixed
OBX.3.2	Text	Vaccination temporary contraindication/precaution	Test Case Fixed

Location	Data Elemenmt	expiration date Data	Categrization
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150815	
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	20150715	
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	DCS	
ORC.3.3	Universal ID		
ORC.3.4	Universal ID Type		
ORC.10	**Entered By**		
ORC.10.1	ID Number		
ORC.10.2	Family Name		

Location	Data Elemenmt	Data	Categrization
ORC.10.2.1	Surname	Molina	Test Case Fixed
ORC.10.3	Given Name	Sandra	Test Case Fixed
ORC.10.4	Second and Further Given Names or Initials Thereof		
ORC.10.9	Assigning Authority		
ORC.10.9.2	Universal ID		
ORC.10.9.3	Universal ID Type		
ORC.10.10	Name Type Code		
ORC.10.12	Check Digit Scheme		
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number		
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Smith	Test Case Fixed
ORC.12.3	Given Name	Frank	Test Case Fixed
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	L	
ORC.12.12	Check Digit Scheme		
ORC.17	**Entering Organization**		
ORC.17.1	Identifier	SP	
ORC.17.2	Text	Shoreline Pediatrics	Test Case Fixed
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	20150715	
RXA.5	**Administered Code**		
RXA.5.1	Identifier	122	Test Case Fixed
RXA.5.2	Text	rotavirus, unspecified formulation	Test Case Fixed
RXA.5.3	Name of Coding System	CVX	Test Case Fixed

Location	Data Elemehmt	Data	Categrization
RXA.5.5	Alternate Text		
RXA.5.6	Name of Alternate Coding System		
RXA.6	**Administered Amount**	999	Test Case Fixed
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.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**		

Location	Data Elemenmt	Data	Categrization
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**	NA	Test Case Fixed
RXA.21	**Action Code - RXA**	A	

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	30945-0	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	VXC23	
OBX.5.2	Text	current fever with moderate-to-severe illness	
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		

Location	Data Elemennmt	Data	Categrization
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	20150715	
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 Elemennmt	Data	Categrization
OBX.1	**Set ID - OBX**	2	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30946-8	Test Case Fixed
OBX.3.2	Text	Vaccination contraindication/precaution effective date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150715	
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**		

Location	Data Elemenmt	Data	Categrization
OBX.14.1	Time	20150715	
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**	3	
OBX.2	**Value Type**	TS	
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	30944-3	Test Case Fixed
OBX.3.2	Text	Vaccination temporary contraindication/precaution expiration date	Test Case Fixed
OBX.3.3	Name of Coding System	LN	Test Case Fixed
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	Time	20150815	
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	20150715	
OBX.17	**Observation Method**		
OBX.17.1	Identifier		
OBX.17.2	Text		
OBX.17.3	Name of Coding System		

Location	Data Element	Data	Categrization
OBX.17.5	Alternate Text		
OBX.17.6	Name of Alternate Coding System		