-MSH-

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| MSH.1 | Field Separator | | |
| MSH.2 | Encoding Characters | ^~\& | |
| MSH.3 | Sending Application | | |
| MSH.3.1 | Namespace ID | Test EHR Application | |
| MSH.3.2 | Universal ID | 11 | |
| 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 | TVIST TEST IZ REG | |
| MSH.6.3 | Universal ID Type | | |
| MSH.7 | Date/Time Of Message | | |
| MSH.7.1 | Time | 20120701082240-0500 | |
| | 1 | 20120701082240-0300 | |
| MSH.9 | Message Type | VVII | |
| 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-001.00 | |
| MSH.11 | Processing ID | l n | |
| MSH.11.1 | | P | |
| MSH.12 | Version ID | a1 | |
| 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 | | |
| MSH.22.6 | Assigning Authority | | |
| MSH.22.6.1 | Namespace ID | | |
| MSH.22.6.2 | Universal ID | | |
| MSH.22.6.3 | Universal ID Type | | |
| I———— | TI T | | |

| 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-

| Location | Data Element | Data | Categorization |
|-----------|--|----------|-----------------|
| 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.5.1.2 | Own Surname Prefix | | |
| PID.5.1.3 | Own Surname | | |
| PID.5.1.4 | Surname Prefix From Partner/Spouse | | |
| PID.5.1.5 | Surname From Partner/Spouse | | |
| PID.5.2 | Given Name | Mariela | Test Case Fixed |
| PID.5.3 | Second and Further 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.6.1.2 | Own Surname Prefix | | |
| PID.6.1.3 | Own Surname | | |
| PID.6.1.4 | Surname Prefix From Partner/Spouse | | |
| PID.6.1.5 | Surname From Partner/Spouse | | |
| 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.11.1.2 | Street Name | | |
| PID.11.1.3 | Dwelling Number | | |
| 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.11.1.2 | Street Name | | |
| PID.11.1.3 | Dwelling Number | | |
| PID.11.2 | Other Designation | | |
| PID.11.3 | City | Stamford | |
| PID.11.4 | State or Province | СТ | 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 | РН | Test Case Fixed |
|----------|------------------------------------|--------------------|-----------------|
| 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-

| Location | Data Element | Data | Categorization |
|----------|--|------------------------------|----------------|
| 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-

| Location | Data Element | Data | Categorization |
|-----------|---------------------|---------|-----------------|
| NK1.1 | Set ID - NK1 | 1 | |
| NK1.2 | Name | | |
| NK1.2.1 | Family Name | | |
| NK1.2.1.1 | Surname | Morales | Test Case Fixed |

| NK1.2.1.2 | Own Surname Prefix | | |
|---|--|-----------------------|---|
| NK1.2.1.3 | Own Surname | | |
| NK1.2.1.4 | Surname Prefix From Partner/Spouse | | |
| NK1.2.1.5 | Surname From Partner/Spouse | | |
| 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 |
| NK1.4.1.2 | Street Name | | |
| NK1.4.1.3 | Dwelling Number | | |
| NK1.4.2 | Other Designation | | |
| NK1.4.3 | City | Stamford | Test Case Fixed |
| | 1 | l . | |
| NK1.4.4 | State or Province | CT | Test Case Fixed |
| NK1.4.4 NK1.4.5 | State or Province Zip or Postal Code | CT 06903 | Test Case Fixed Test Case Fixed |
| 11221111 | | | |
| NK1.4.5 | Zip or Postal Code | | |
| NK1.4.5 NK1.4.6 | Zip or Postal Code Country | 06903 | Test Case Fixed |
| NK1.4.5 NK1.4.6 NK1.4.7 | Zip or Postal Code Country Address Type | 06903 | Test Case Fixed |
| NK1.4.5 NK1.4.6 NK1.4.7 NK1.5 | Zip or Postal Code Country Address Type Phone Number Telecommunication | 06903 L | Test Case Fixed Test Case Fixed |
| NK1.4.5 NK1.4.6 NK1.4.7 NK1.5 NK1.5.2 | Zip or Postal Code Country Address Type Phone Number Telecommunication Use Code Telecommunication | 06903 L PRN | Test Case Fixed Test Case Fixed Test Case Fixed |
| NK1.4.5 NK1.4.6 NK1.4.7 NK1.5 NK1.5.2 | Zip or Postal Code Country Address Type Phone Number Telecommunication Use Code Telecommunication Equipment Type | 06903 L PRN | Test Case Fixed Test Case Fixed Test Case Fixed |

ORC[*]-

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| 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 | 107027 | |
| 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 | | |
| ORC.10.1 | ID Number | | |
| ORC.10.2 | Family Name | L | |
| ORC.10.2.1 | Surname | Sirtis | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| ORC.10.3 | Given Name | Lisa | |
| ORC.10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC.10.9 | Assigning Authority | | |
| ORC.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Carter | |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| ORC.12.3 | Given Name | Jane | |
| ORC.12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC.12.9 | Assigning | | |

| | Authority | | |
|------------|------------------------------------|--------------------|--|
| ORC.12.9.1 | Namespace ID | | |
| 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 | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|--|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|---------------|------|----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| ORC.12.3 | Given Name | Frank | Test Case Fixed |
| | Second and | | |

| ORC.12.4 | Further Given Names or Initials Thereof | | |
|------------|---|----------------------|-----------------|
| ORC.12.9 | Assigning Authority | | |
| ORC.12.9.1 | Namespace ID | | |
| 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 | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|--|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | <u> </u> |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|---|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| | Ī | | |

| ORC.12.2.5 | Surname From Partner/Spouse | | |
|------------|---|----------------------|-----------------|
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|------------------------|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From | | |

| | Partner/Spouse | | |
|------------|--|----------------------|-----------------|
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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 | | |
| 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 ORC.17.6 | Alternate Text Name of Alternate Coding System | |
|----------------------|--|--|
|----------------------|--|--|

RXA[*]-

RXA - 1

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|--|----------------|
| 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 pediatric/adolescent dosage | |
| 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.10.2.2 | Own Surname | | |

| | Prefix | | |
|------------|--|-----------------------------------|--|
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | Lisa | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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.15 | Substance Lot Number | 6332FK33 | |
| 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 | | |

| RXA.20 | Coding System Completion Status | СР | |
|--------|------------------------------------|----|--|
| RXA.21 | Action Code - RXA | A | |

RXA - 2

| Location | Data Element | Data | Categorization |
|------------|--|--|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| | Surname From | | |

| RXA.10.2.5 | Partner/Spouse | | |
|------------|--|----|-----------------|
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------|-----------------|
| 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 | 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| | Assigning | | |

| RXA.10.9 | Authority | | |
|------------|---------------------------------------|----|-----------------|
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

RXA - 4

| Location | Data Element | Data | Categorization |
|----------|-----------------------------------|----------|----------------|
| 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 | 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

RXA - 5

| Location | Data Element | Data | Categorization |
|----------|-----------------------------------|--|-----------------|
| 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 | | |
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | | |

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| 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 | |

RXA - 6

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|------------------------------------|-----------------|
| 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 |
| 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 | |
|------------|--|--|
| | Name of Coding | |
| RXA.7.3 | 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.10.2.2 | Own Surname Prefix | |
| RXA.10.2.3 | Own Surname | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | |
| RXA.10.2.5 | Surname From Partner/Spouse | |
| RXA.10.3 | Given Name | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | |
| RXA.10.9 | Assigning Authority | |
| RXA.10.9.1 | Namespace ID | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

RXR-

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|------------|----------------|
| 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 | | |

OBX[*]

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------|---------|-----------------|
| 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/preca effective date | ultesh 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------------|
| 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/preca expiration date | Test Case Fixed ution |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|------------------------------------|---------------------------|
| 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/preca | u ltësh 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 | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------------|
| OBX.1 | Set ID - OBX | 3 | Categorization |
| OBX.1 | | TS | |
| UBA.2 | Value Type | 15 | |
| OBX.3 | Observation Identifier | | |
| OBX.3.1 | Identifier | 30944-3 | Test Case Fixed |
| OBX.3.2 | Text | Vaccination temporary contraindication/preca expiration date | Test Case Fixed ution |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| OBX.1 | Set ID - OBX | 2 | |
| OBX.2 | Value Type | TS | |
| | Observation | | |

| OBX.3 | Identifier | | |
|----------|------------------------------------|---|---------------------------|
| OBX.3.1 | Identifier | 30946-8 | Test Case Fixed |
| OBX.3.2 | Text | Vaccination contraindication/preca effective date | ú lfæsn 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------------|
| 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/preca expiration date | Test Case Fixed ution |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------------------|
| 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/preca effective date | u lfest n 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------------|
| 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/preca expiration date | Test Case Fixed ution |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
| 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/preca effective date | uftesn 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 | | |

| Location | Data Element | Data | Categorization |
|----------|--------------------------|---|-----------------------|
| 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/preca expiration date | Test Case Fixed ution |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| MSH.1 | Field Separator | | |
| MSH.2 | Encoding Characters | ^~\& | |
| 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-001.00 | |
| 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 | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|-----------|-------------------------|--------|----------------|
| 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.5.1.2 | Own Surname Prefix | | |
| PID.5.1.3 | Own Surname | | |
| PID.5.1.4 | Surname Prefix From Partner/Spouse | | |
| PID.5.1.5 | Surname From Partner/Spouse | | |
| PID.5.2 | Given Name | Mariela | Test Case Fixed |
| PID.5.3 | Second and Further 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.6.1.2 | Own Surname Prefix | | |
| PID.6.1.3 | Own Surname | | |
| PID.6.1.4 | Surname Prefix From Partner/Spouse | | |
| PID.6.1.5 | Surname From Partner/Spouse | | |
| 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.11.1.2 | Street Name | | |
| PID.11.1.3 | Dwelling Number | | |
| PID.11.2 | Other Designation | | |
| PID.11.3 | City | Stamford | Test Case Fixed |

| PID.11.4 | State or Province | CT | Test Case Fixed |
|------------|-------------------------------------|--------------------|-----------------|
| | State of Frontiee | | Test Case Tixed |
| 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.11.1.2 | Street Name | | |
| PID.11.1.3 | Dwelling Number | | |
| 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 | РН | Test Case Fixed |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|------------------------------|----------------|
| 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 | |

| Location | Data Element | Data | Categorization |
|-----------|--|-------------------|-----------------|
| NK1.1 | Set ID - NK1 | 1 | |
| NK1.2 | Name | | |
| NK1.2.1 | Family Name | | |
| NK1.2.1.1 | Surname | Morales | Test Case Fixed |
| NK1.2.1.2 | Own Surname Prefix | | |
| NK1.2.1.3 | Own Surname | | |
| NK1.2.1.4 | Surname Prefix From Partner/Spouse | | |
| NK1.2.1.5 | Surname From Partner/Spouse | | |
| 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 |
| NK1.4.1.2 | Street Name | | |
| NK1.4.1.3 | Dwelling Number | | |
| 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 | РН | 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 |

| Location | Data Element | Data | Categorization |
|------------|--|--------|-----------------|
| 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 | | |
| ORC.10.1 | ID Number | | |
| ORC.10.2 | Family Name | | |
| ORC.10.2.1 | Surname | Sirtis | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| ORC.10.3 | Given Name | Lisa | |
| ORC.10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC.10.9 | Assigning Authority | | |
| ORC.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Carter | |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From | | |

| | Partner/Spouse | | |
|------------|--|--------------------|--|
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| ORC.12.3 | Given Name | Jane | |
| ORC.12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC.12.9 | Assigning Authority | | |
| ORC.12.9.1 | Namespace ID | | |
| 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 | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| ORC.10.3 | Given Name | Sandra | Test Case Fixed |
| | Second and Further | | |

| ORC.10.4 | Given Names or Initials Thereof | | |
|------------|--|----------------------|-----------------|
| ORC.10.9 | Assigning Authority | | |
| ORC.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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 | | |
| 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 | | |

| ORC - 4 | | | |
|------------|--|--------|-----------------|
| Location | Data Element | Data | Categorization |
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |

| ORC.12.2.3 | Own Surname | | |
|------------|--|----------------------|-----------------|
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|------------|--|--------|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| | Surname From | | |

| ORC.10.2.5 | Partner/Spouse | | |
|------------|--|----------------------|-----------------|
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| 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.12.13 | Identifier Type Code | | |
| 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 | | |

| Data Element | Data | Categorization |
|---------------------|---|--|
| Order Control | RE | |
| Placer Order Number | | |
| Entity Identifier | | |
| Namespace ID | | |
| | Order Control Placer Order Number Entity Identifier | Order Control RE Placer Order Number Entity Identifier |

| 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.10.2.2 | Own Surname Prefix | | |
| ORC.10.2.3 | Own Surname | | |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.10.2.5 | Surname From Partner/Spouse | | |
| 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.10.9.1 | Namespace ID | | |
| 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.10.13 | Identifier Type Code | | |
| ORC.12 | Ordering Provider | | |
| ORC.12.1 | ID Number | | |
| ORC.12.2 | Family Name | | |
| ORC.12.2.1 | Surname | Smith | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix | | |
| ORC.12.2.3 | Own Surname | | |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse | | |
| ORC.12.2.5 | Surname From Partner/Spouse | | |
| 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.12.9.1 | Namespace ID | | |
| ORC.12.9.2 | Universal ID | | |
| ORC.12.9.3 | Universal ID Type | | |
| ORC.12.10 | Name Type Code | L | |
| | | | |

| ORC.12.12 ORC.12.13 | Check Digit Scheme Identifier Type Code | | |
|------------------------|--|----------------------|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|--|----------------|
| 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 pediatric/adolescent dosage | |
| 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.10.2.2 | Own Surname | | |
| | Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | Lisa | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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.15 | Substance Lot Number | 6332FK33 | |
| 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 | T. | C.D. | |
| | Completion Status | CP | |

| Location | Data Element | Data | Categorization |
|------------|--|--|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| | | | |

| RXA.10.9.1 | Namespace ID | | |
|------------|---------------------------------------|----|-----------------|
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| Location | Data Element | Data | Categorization |
|----------|-----------------------------------|-------------------------------|-----------------|
| 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 | CVX | Test Case Fixed |

| DX/ 5.5 | System | | |
|------------|--|-----|-----------------|
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|----------|-----------------|
| 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 | 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.10.2.2 | Own Surname Prefix | |
| RXA.10.2.3 | Own Surname | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | |
| RXA.10.2.5 | Surname From Partner/Spouse | |
| RXA.10.3 | Given Name | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | |
| RXA.10.9 | Assigning Authority | |
| RXA.10.9.1 | Namespace ID | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| RXA - 5 | | | |
|------------|------------------------------------|---|-----------------|
| Location | Data Element | Data | Categorization |
| 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 | | |
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |

| RXA.10.2.4 | From Partner/Spouse | | |
|------------|--|----|-----------------|
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| Location | Data Element | Data | Categorization |
|----------|-------------------------------|------|----------------|
| 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 |
| 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.10.2.2 | Own Surname Prefix | | |
| RXA.10.2.3 | Own Surname | | |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse | | |
| RXA.10.2.5 | Surname From Partner/Spouse | | |
| RXA.10.3 | Given Name | | |
| RXA.10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA.10.9 | Assigning Authority | | |
| RXA.10.9.1 | Namespace ID | | |
| 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 | NA | Test Case Fixed |
| RXA.21 | Action Code - RXA | A | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|------------|----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| 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/precauti effective date | offiest 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-------------------|
| 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/precauti expiration date | offest 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 OBX.5.1 | Observation Value 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 | | |

| UBX - 4 | | | |
|----------|------------------------------------|---|-----------------|
| Location | Data Element | Data | Categorization |
| OBX.1 | Set ID - OBX | 1 | |
| OBX.2 | Value Type | СЕ | |
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|--|--------------------|
| 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/precauti effective date | offiest 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 | |
| ODA.17.3 | System | |
| OBX.17.5 | Alternate Text | |
| OBX.17.6 | Name of Alternate Coding System | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|--------------------|
| 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/precauti expiration date | offiest 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 | | |

| Location | Data Element | Data | Categorization |
|----------|---------------------|------|----------------|
| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------|--|------------------|
| 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/precauti effective date | onest 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-------------------|
| 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/precauti expiration date | offest 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 | | |

| OBX.6.3 | 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 | | |

| Data Flowant | Doto | Cotogonization |
|------------------------------------|--|-----------------|
| | | Categorization |
| | 1 | |
| | CE | |
| Observation Identifier | | |
| Identifier | 30945-0 | Test Case Fixed |
| Text | Vaccination contraindication | Test Case Fixed |
| Name of Coding System | LN | Test Case Fixed |
| Alternate Text | | |
| Name of Alternate Coding System | | |
| Observation Sub-ID | 1 | |
| Observation Value | | |
| Identifier | VXC23 | |
| Text | current fever with moderate-to-severe illness | |
| Name of Coding System | CDCPHINVS | |
| Alternate Text | | |
| Name of Alternate Coding System | | |
| Units | | |
| Identifier | | |
| Text | | |
| Name of Coding System | | |
| Alternate Text | | |
| Name of Alternate Coding System | | |
| | Name of Coding System Alternate Text Name of Alternate Coding System Observation Sub-ID Observation Value Identifier Text Name of Coding System Alternate Text Name of Alternate Coding System Units Identifier Text Name of Coding System Alternate Text Name of Alternate Coding System Alternate Text Name of Coding System Alternate Text Name of Alternate | Set ID - OBX |

| 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|--|-------------------|
| 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/precauti effective date | offest 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 | | |

| Location | Data Element | Data | Categorization |
|--------------------|------------------------------------|--|------------------------------------|
| OBX.1 | Set ID - OBX | Data | Categorization |
| OBX.1 | Value Type | TS | |
| | Observation Identifier | 13 | |
| OBX.3 | | 20044.2 | Test Cose Fired |
| OBX.3.1 OBX.3.2 | Identifier Text | 30944-3 Vaccination temporary contraindication/precauti expiration date | Test Case Fixed Offest 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------|------------------------------|-----------------|
| 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 |
| | Name of Coding | | |

| OBX.3.3 | 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 | | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|--|-------------------|
| 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/precauti effective date | offest 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 | | |
| | | | |

| 8BX: \$ | Observation Sub-ID Observation Value | 1 |
|--------------------|---|----------|
| 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 | |

| Location | Data Element | Data | Categorization |
|----------|------------------------------------|---|-------------------|
| 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/precauti expiration date | offest 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 | F | |

| | Status | |
|----------|------------------------------------|----------|
| 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 | |