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The EHR vendor loads MMRV immunization history data for Juan Marcel Gonzales.
Comments
None
Pre Condition
The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.
Post Condition
The immunization history for MMRV known to the local practice is loaded into the record created for Juan Marcel Gonzales.
Test Objectives —

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

all required attributes indicated by [Y]: MMRV Dose 1 of 3 Entered BY Sandra Molina Y Ordering Provider Jane Carter Shoreline Pediatrics Entering Organization Administration Notes (Vaccine Event information Historical Immunization (NIP001 01) Date/Time of Start of Administration 11/22/2012 measles, mumps, rubella, and varicella virus vaccine Vaccine Administered (CVX 94) ProQuad (NDC 00006-4999-00) 0.5 Administered Amount (of Vaccine) mL Administered Units (of Measure) Administering Provider Jane Carter 325 Shorline Drive, Stamford Connecticut 06901 Y Administered-at Location Lot Number 7W27V7632 Substance Expiration Date 12/15/2016 Substance Manufacturer Name Merck Sharp & Dohme Corp (MVX MSD) Completion Status CP

Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y			
Administration Site	Left Thigh (HL7 LT)	Y			

Notes for Testers

No Note

The EHR vendor loads MMRV immunization history data for Juan Marcel Gonzales.

None

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.

The immunization history for MMRV known to the local practice is loaded into the nbsp;record created for Juan Marcel Gonzales.

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]: MMRV Dose 1 of 3 Entered BY Sandra Molina Ordering Provider Jane Carter Entering Organization Shoreline Pediatrics Administration Notes (Vaccine Event information Historical Immunization (NIP001 01) Y source) Date/Time of Start of Administration 11/22/2012 measles, mumps, rubella, and varicella virus vaccine Vaccine Administered (CVX 94) ProQuad (NDC 00006-4999-00) 0.5 Administered Amount (of Vaccine) Administered Units (of Measure) mL Administering Provider Jane Carter 325 Shorline Drive, Stamford Connecticut 06901 Y Administered-at Location Lot Number 7W27V7632 Substance Expiration Date 12/15/2016 Substance Manufacturer Name Merck Sharp & Dohme Corp (MVX MSD) Completion Status CP

dministration Site Left Thigh (HL7 LT)	Y