

**Description**

The EHR vendor loads immunization history data from another practice into the record for Juana Mariana Gonzales.

**Comments**

No Comments

**Pre Condition**

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

**Post Condition**

The immunization history from another practice is loaded into the record created for Juana Mariana Gonzales.

**Test Objectives**

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

**Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization history data from another practice as provided, with all required attributes indicated by [Y]:

|   |   |   |  |  |
|---|---|---|--|--|
| Historical Vaccine from Another Practice - Dtap         |   |   |  |  |
| Entered BY  | Sandra Molina   | Y |  |  |
| Ordering Provider                                       | J. Rodriguez  | Y |  |  |
| Entering Organization                                   | Shoreline Pediatrics  | Y |  |  |
| Vaccine Event information source (Administration Notes) | Historical information - from parent's written record (NIP001 03)   | Y |  |  |
| Value/Text for Vaccine Type                             | DTaP  | Y |  |  |
| Date/Time of Start of Administration                    | 11/20/2014  | Y |  |  |
| Vaccine Administered                                    | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01) | Y |  |  |
| Administered Amount (of Vaccine)                        | 0.5   | Y |  |  |
| Administered Units (of Measure)                         | mL  | Y |  |  |
| Administering Provider                                  | Linda Casera  | Y |  |  |
| Administered-at Location                                | 4253 Standish Way, Stamford Connecticut 06903   | Y |  |  |
| Lot Number  | D643QS8243  | Y |  |  |
| Substance Expiration Date                               | 12/1/2014   | Y |  |  |
| Substance Manufacturer Name                             | Sanofi Pasteur Inc (MVX PMC)  | Y |  |  |
| Completion Status                                       | CP  | Y |  |  |
| Route of Administration                                 | Intramuscular (NCIT C28161)   | Y |  |  |
| Administration Site                                     | Left Deltoid (HL70163 LD)   | Y |  |  |
| Historical Vaccine from Another Practice - Polio        |   |   |  |  |
| Entered BY  | Sandra Molina   | Y |  |  |
| Ordering Provider                                       | J. Rodriguez  | Y |  |  |
| Entering Organization                                   | Shoreline Pediatrics  | Y |  |  |
| Vaccine Event information source                        | Historical information - from parent's written record (NIP001 03)   | Y |  |  |
| Value/Text for Vaccine Type                             | poliovirus vaccine, inactivated (CVX 10)  | Y |  |  |
| Date/Time of Start of Administration                    | 2/21/2012   | Y |  |  |
| Vaccine Administered                                    | poliovirus vaccine, inactivated (CVX 10, NDC 49281-0860-55)   | Y |  |  |
| Administered Amount (of Vaccine)                        | 0.5   | Y |  |  |
| Administered Units (of Measure)                         | mL  | Y |  |  |
| Administering Provider                                  | Linda Casera  | Y |  |  |
| Administered-at Location                                | 4253 Standish Way, Stamford Connecticut 06903   | Y |  |  |
| Lot Number  | D335PV9644  | Y |  |  |
| Substance Expiration Date                               | 2/22/2013   | Y |  |  |

|                             |   |   |  |
|-----------------------------|---|---|--|
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC)  | Y |  |
| Completion Status           | CP  | Y |  |
| Route of Administration     | Subcutaneous (NCIT C28399)  | Y |  |
| Administration Site         | Left Deltoid (HL70163 LD)   | Y |  |
| Reaction                    | Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS | Y |  |

**Notes for Testers**

No Note