T	Description The EHR vendor loads Polio immunization history data for Juan Marcel Gonzales.
	Communication and Continue Contin
	Comments
N	No Comments
	PreCondition
Т	The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.
_	
	PostCondition
	The immunization history for Polio known to the local practice is loaded into the record created for Juan Marcel Gonzales.
	Test Objectives
iı	Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about mmunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete letails.
	Evaluation Criteria
	Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Ordering Provider Entering Organization Administration Notes (Vaccine Event information source) Date/Time of Start of Administration Administered Poliatrics Historical Immunization (NIP001 01) 1/22/2012 Poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) Administered Units (of Measure) Administered Units (of Measure) Administered-at Location Lot Number D333PV2444 Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Subcutaneous (NCIT C38299, HL70162: SC) Administration Site Left Deltoid (HL7 LD) Polio Dose 2 of 4 Entered BY Ordering Provider Carlos Herrera Entering Organization Vaccine Event information source Historical Immunization (NIP001 01) Historical Immunization (NIP001 01) Historical Immunization (NIP001 01) Polio Polio Pose 2 of 4 Entered BY Ordering Provider Entering Organization Vaccine Event information source Historical Immunization (NIP001 01) Polio Polio Poliovirus vaccine, inactivated (CVX 10) Date/Time of Start of Administration J3/22/2012 Vaccine Administered Administered Amount (of Vaccine) O.5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Entering Organization Administration Notes (Vaccine Event information source) Date/Time of Start of Administration Vaccine Administered Vaccine Administered Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider Administered-at Location Lot Number Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Administration Site Left Deltoid (HL7 LD) Polio Dose 2 of 4 Entered BY Ordering Provider Entering Organization Vaccine Event information source Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Polio Vaccine Administration Subcutaneous (NCIT C38299, HL70162: SC) Administration Site Left Deltoid (HL7 LD) Polio Dose 2 of 4 Entering Organization Vaccine Event information source Historical Immunization (NIP001 01) Value/Text for Vaccine Type Doliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) O.5	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Substance Expiration Date Substance Manufacturer Name Sanofi Pasteur Inc (MVX PMC) Completion Status CP Route of Administration Administration Site Polio Dose 2 of 4 Entered BY Ordering Provider Entering Organization Vaccine Event information source Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Amount (of Vaccine) Sanofi Pasteur Inc (MVX PMC) Sanofi Pasteur Inc (MVX PMC) CP Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) Sandra Molina Carlos Herrera Historical Immunization (NIP001 01) poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine)	Y Y Y Y Y Y Y Y Y Y Y Y
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Route of Administration Administration Site Left Deltoid (HL7 LD) Polio Dose 2 of 4 Entered BY Ordering Provider Entering Organization Vaccine Event information source Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) Left Deltoid (HL7 LD) Sandra Molina Carlos Herrera Shoreline Pediatrics Historical Immunization (NIP001 01) poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) O.5	Y
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Ordering Provider Entering Organization Shoreline Pediatrics Vaccine Event information source Historical Immunization (NIP001 01) Value/Text for Vaccine Type poliovirus vaccine, inactivated (CVX 10) Date/Time of Start of Administration Vaccine Administered Poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) O.5	
Entering Organization Vaccine Event information source Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Administered Amount (of Vaccine) Shoreline Pediatrics Historical Immunization (NIP001 01) poliovirus vaccine, inactivated (CVX 10) poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) 0.5	Y
Vaccine Event information source Historical Immunization (NIP001 01) Value/Text for Vaccine Type poliovirus vaccine, inactivated (CVX 10) Date/Time of Start of Administration Vaccine Administered Poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) 0.5	-
Value/Text for Vaccine Type poliovirus vaccine, inactivated (CVX 10) Date/Time of Start of Administration 3/22/2012 Vaccine Administered poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) 0.5	Y
Date/Time of Start of Administration Vaccine Administered Vaccine Administered Administered Amount (of Vaccine) 3/22/2012 poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) 0.5	Y
Vaccine Administered poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) Administered Amount (of Vaccine) 0.5	Y
Administered Amount (of Vaccine) IPOL (NDC 49281-0860-55) Output Description: IPOL (NDC 49281-0860-55) IPOL (NDC 49281-0860-55)	Y
	Y
Administered Units (of Measure) mL	Y
	Y
Administering Provider J. Martinez	Y
222 Occanzione I and Stamford Connecticut	Y
	Y
	Y
r	
,	Y
1	
Route of Administration Subcutaneous (NCIT C38299, HL70162: SC) Administration Site Left Deltoid (HL7 LD)	Y

Polio Dose 3 of 4			
Entered BY	Sandra Molina		
Ordering Provider	Carlos Herrera		
Entering Organization	Shoreline Pediatrics		
Vaccine Event information source	Historical Immunization (NIP001 01)		
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)		
Date/Time of Start of Administration	5/21/2012		
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)		
Administered Amount (of Vaccine)	0.5		
Administered Units (of Measure)	mL		
Administering Provider	J. Martinez		
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901		
Lot Number	D335PV9654		
Substance Expiration Date	2/22/2013		
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)		
Completion Status	CP		
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)		
Administration Site	Left Deltoid (HL7 LD)		

Notes to Testers	
No Note	