

### Description

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

### Comments

In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps.

### 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 Polio known to the local practice is loaded into the record created for Juan Marcel 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.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps. However, the complete list of data element content is provided:

Polio Dose 1 of 4		
Entered BY	Sandra Molina	N
Ordering Provider	Jane Carter	N
Entering Organization	Shoreline Pediatrics	N
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y
Date/Time of Start of Administration	5/14/2014	Y
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y
Administered Amount (of Vaccine)	0.5	N
Administered Units (of Measure)	mL	N
Administering Provider	Jane Carter	N
Administered-at Location	325 Shoreline Drive, Stamford Connecticut 06901	N
Lot Number	D333PV2444	N
Substance Expiration Date	10/4/2014	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N

Completion Status	CP	N
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	N
Administration Site	Left Deltoid (HL7 LD)	N
Polio Dose 2 of 4		
Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	N
Vaccine Event information source	Historical Immunization (NIP001 01)	Y
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y
Date/Time of Start of Administration	7/212014	Y
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y
Administered Amount (of Vaccine)	0.5	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D333PV4343	N
Substance Expiration Date	3/23/2015	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	N
Administration Site	Left Deltoid (HL7 LD)	N

Polio Dose 3 of 4		
Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	N
Vaccine Event information source	Historical Immunization (NIP001 01)	Y
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y
Date/Time of Start of Administration	10/15/2014	Y
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y
Administered Amount (of Vaccine)	0.5	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D335PV9654	N
Substance Expiration Date	2/22/2015	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	N
Administration Site	Left Deltoid (HL7 LD)	N

#### Notes for Testers

No Note