

### Description

The EHR vendor loads Varicella immunization history data for Juana Mariana 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 Juana Mariana Gonzales.

### Post Condition

The immunization history for Varicella known to the local 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.

**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:

MMRV Dose 1 of 3			
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	varicella virus vaccine (CVX 21)	Y	
Date/Time of Start of Administration	12/15/2012	Y	
Vaccine Administered	varicella virus vaccine (CVX 21) Varivax (NDC 0006-4827-00)	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		
Lot Number	2341BB	N	
Substance Expiration Date	12/1/2013	N	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	N	
Completion Status	CP	N	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	N	
Administration Site	Right Deltoid (HL7 RD)	N	

### Notes for Testers

No Note