

**Description**

The EHR vendor loads immunization history data from the local practice 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 the 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.

**Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

|   |  |   |  |
|---|--|---|--|
| Vaccine from Practice HepB                              |  |   |  |
| Entered BY  | Sandra Molina  | Y |  |
| Ordering Provider                                       | Frank Smith  | Y |  |
| Entering Organization                                   | Shoreline Pediatrics   | Y |  |
| Administration Notes (Vaccine Event information source) | New immunization record (NIP001 00)                                    | Y |  |
| Date/Time of Start of Administration                    | 12/20/2010   | Y |  |
| Vaccine Administered                                    | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y |  |
| Administered Amount (of Vaccine)                        | 0.5  | Y |  |
| Administered Units (of Measure)                         | mL   | Y |  |
| Administering Provider                                  | Sandra Molina  | Y |  |
| Administered-at Location                                | 400 Shoreline Drive, Stamford Connecticut 06901                        | Y |  |
| Lot Number  | 6352FK1  | Y |  |
| Substance Expiration Date                               | 12/14/2011   | Y |  |
| Substance Manufacturer Name                             | GlaxoSmithKline Biologicals SA (MVX SKB)                               | Y |  |
| Completion Status                                       | CP   | Y |  |
| Route of Administration                                 | IM (NCIT C28161)   | Y |  |
| Administration Site                                     | Right Thigh  | Y |  |
| Vaccine from Practice MMR II                            |  |   |  |
| a. Entered BY   | J. Martinez  | Y |  |
| b. Ordering Provider                                    | Frank Smith  | Y |  |
| c. Entering Organization                                | Shoreline Pediatrics   | Y |  |
| Vaccine Event information source                        | New immunization record (NIP001 00)                                    | Y |  |
| Value/Text for Vaccine Type                             | MMR II (CVX 03, NDC 0006-4681-00)                                      | Y |  |
| Date/Time of Start of Administration                    | 08/22/2011   | Y |  |
| Vaccine Administered                                    | measles, mumps, rubella virus vaccine                                  | Y |  |
| Administered Amount (of Vaccine)                        | 0.5  | Y |  |
| Administered Units (of Measure)                         | mL   | Y |  |
| Administering Provider                                  | Sandra Molina  | Y |  |
| Administered-at Location                                | 400 Shoreline Drive, Stamford Connecticut 06901                        | Y |  |
| Lot Number  | 0853CC   | Y |  |
| Substance Expiration Date                               | 12/15/2011   | Y |  |
| Substance Manufacturer Name                             | Merck Sharp & Dohme Corp (MVX MSD)                                     | Y |  |
| Completion Status                                       | CP   | Y |  |

|                          |                            |   |  |
|--------------------------|----------------------------|---|--|
| Route of Administration  | Subcutaneous (NCIT C28399) | Y |  |
| Administration Site      | Left Thigh (HL70163 LT)    |   |  |
| <b>Notes for Testers</b> |                            |   |  |
| No Note                  |                            |   |  |