Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariela Gonzales Morales	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement (Pass/Fail)	Pass Fail	
Reason Failed		
Juror Comments		

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information			
Element Name	Data	Tester Comment	
Patient Identifier	Patient Identifier		
ID Number	123456		
Assigning Author	rity		
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Author	rity		
Namespace ID	MYIIS		
ID Type	SR		
Name	Juana Mariela Morales		
Date of Birth	10/01/2016		
Sex	Female		
Address 1			
Street	3321 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
Country	USA		
Address Type	L		
Mother's Maiden Name	Joanna Elena Morales		

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Stamford Regional Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	10/01/2016	
Date/Time Administration-End	10/01/2016	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	Susan Pike	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	15 Atlantic Avenue	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Adverse Event		

^{* &}quot;Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	10/31/2016	

	Immunization Fo	recast
Earliest Date to Give	10/31/2016	
Latest Date to Give		
Date When Vaccine Overdue	12/01/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/30/2016	
Earliest Date to Give	11/30/2016	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hib	
Vaccine Due Date	11/30/2016	
Earliest Date to Give	11/30/2016	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/30/2016	
Earliest Date to Give	11/30/2016	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Pneumococcal Conjugate, unspecified formulation	
Vaccine Due Date	11/30/2016	
Earliest Date to Give	11/30/2016	
Latest Date to Give		

	Immunization Fore	ecast
Date When Vaccine		
Overdue Status in Immunization		
Series Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Due Date	11/30/2016	
Earliest Date to Give	11/30/2016	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2017	
Earliest Date to Give	09/01/2017	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Due Date	10/01/2017	
Earliest Date to Give	10/01/2017	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2018	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/01/2017	
Earliest Date to Give	10/01/2017	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2018	
Status in Immunization Series		

Immunization Forecast		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/01/2017	
Earliest Date to Give	10/01/2017	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2018	
Status in Immunization Series		
Forecast Reason		