

CDC Immunization Project (CNI) No Query v2

No SubTitle

Version 1.0

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CDC No Query Support - Immunization Related Requirements Test Plan (CNI) v4

This test plan is to be used for the testing of the CDC EHR Immunization Related Requirements developed under Contract-No: 200-2014-60994 for testing products that are not able to support the Immunization Registry Query/Response functions. All test cases are required to be executed, including test steps related to the Registry Query/Response. While the system under test will not be able to perform those functions, the rationale will be documented in the tool. The test plan includes both functional and interoperability tests including Vaccine Update Notifications (HL7 V2.5.1 VXU/Z22) and Query and Response (Evaluated History and Forecast Group Z44/Z42). This test plan utilizes data entry to record the full vaccination history for each patient during the Initial Data Load rather than importing from the HL7 Query Response message (Z42).

1. Initial Data Load

The initial Data load will consist of the vendor entering data during live interactive testing for 4 patients with various scenarios. The data entry will include demographic data, Immunization histories and specific conditions for each patient.

1.1. Juana Mariana Gonzales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for 6-year old Juana Mariana Gonzales. There are no transactions associated with this test case.

Test Story

Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for Juana Mariana Gonzales. The data includes immunizations provided by the practice.

The vendor also enters:

- Two vaccines administered at other sites
- 1) an influenza vaccine given at a local pharmacy
- 2) an inactivated polio vaccine given elsewhere and not reported to the registry - the history includes an adverse reaction (febrile seizure) 8 hours after the vaccine was administered
- Adverse reaction to inactivated polio vaccine (febrile seizure) and the date and source of information
- Allergy to egg albumin administered at this site (the registry has different CVX date and lot number information for this vaccine)

NOTE: the historical vaccines will be manually entered in this Test Case rather than importing during the Registry query to establish the correct immunization history in the patient record in support of subsequent test cases.

Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

Pre Condition

No PreCondition

Post Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions ??in the record created for Juana Mariana Gonzales?? using the test data provided.

Test Objectives

Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

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.

Supporting data for:

Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

Identify Adverse Event: The EHR or other clinical software system enables capture of structured data regarding adverse events.

Modify Antigen Recommendations Based on Allergy History: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's active allergies.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

1.1.1. Enter Initial Demographic Data for New Patient Juana Mariana Gonzales, 6-year old

Test Step Type: SUT MANUAL

Juana Mariana Gonzales is entered as a patient in the EMR, including all pediatric demographic information.

Test Story

| | | |
|--|---|---|
| Description | | |
| The EHR vendor loads demographic data for Juana Mariana Gonzales. | | |
| Comments | | |
| Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step. | | |
| Pre Condition | | |
| No PreCondition | | |
| Post Condition | | |
| The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales. | | |
| Test Objectives | | |
| Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR sends the patient's information to external systems such as an immunization registry. | | |
| Evaluation Criteria | | |
| Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]: | | |
| Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y |
| Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Shoreline Pediatrics | Y |
| Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y |
| Patient Name: First | Juana | Y |
| Patient Name: Middle | Mariana | Y |
| Patient Name: Last | Gonzales | Y |
| Patient Date of Birth | 11/01/2010 | Y |
| Birth Time | 11:05 | N |
| Patient Gender (Administrative Sex) | F | Y |
| Patient Multiple Birth Indicator | No | Y |
| Patient Birth Order | NA | C |
| Responsible Person Name: First | Joanna | Y |
| Responsible Person Name: Middle | Merida | Y |
| Responsible Person Name: Last | Gonzales | Y |
| Responsible Person Name: Relationship to Patient | Grandmother | Y |
| Mother's Name: First | Maria | Y |
| Mother's Name: Middle | Merida | Y |
| Mother's Name: Last | Gonzales | Y |
| Mother's Name: Maiden Last | Acosta | Y |
| Patient Address: Street | 4345 Standish Way | Y |
| Patient Address: City | Stamford | Y |
| Patient Address: State | CT | Y |
| Patient Address: Country | USA | Y |
| Patient Address: Zipcode | 06903 | Y |
| Patient Address: County of Residence | Fairfield | N |
| Race | White | Y |
| Ethnicity | Hispanic or Latino | Y |
| Birthing Facility Name (Birth Delivery Location Address BDL) | Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901 | [Y - birthing facility name, not address] |
| Patient Birth State | CT | Y |
| Patient Primary Language | English | Y |
| Patient Telephone Number | (203) 555-1212 | Y |
| Patient Telephone Number Type (e.g., home, cell) | home | Y |
| Patient E-mail Address | jmg@gmail.com | N |
| Publicity Code | NA | N |
| Protection Indicator | NA | N |
| Protection Indicator Effective Date | NA | N |
| Immunization Registry Status | NA | N |
| Preferred Contact Method | Phone | Y |

| |
|--------------------------|
| Notes for Testers |
| No Note |

1.1.2. Enter Initial Immunization Data for Juana Mariana Gonzales: Immunizations from practice

Test Step Type: SUT MANUAL

Patient History from the local practice is entered into the EMR.

Test Story

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 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.

Supporting data for:

Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

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 though all attributes are provided:

| | | |
|---|--|---|
| 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) | |

Notes for Testers

No Note

1.1.3. Enter Initial Immunization Data for Juana Mariana Gonzales from Another Practice

Test Step Type: SUT_MANUAL

Patient History from another practice is entered into the EMR.

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EHR vendor loads immunization history data from another practice into the record 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 from another 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting data for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria: Vendor successfully records all immunization history data from another practice as provided, with all required attributes indicated by [Y]: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Historical Vaccine from Another Practice - DTaP</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>Y</td></tr><tr><td>Ordering Provider</td><td>J. Rodriguez</td><td>Y</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>Y</td></tr><tr><td>Vaccine Event information source (Administration Notes)</td><td>Historical information - from parent's written record (NIP001 03)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>DTaP</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>11/20/2014</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>Y</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>Y</td></tr><tr><td>Administering Provider</td><td>Linda Casera</td><td>Y</td></tr><tr><td>Administered-at Location</td><td>4253 Standish Way, Stamford Connecticut 06903</td><td>Y</td></tr><tr><td>Lot Number</td><td>D643QS8243</td><td>Y</td></tr><tr><td>Substance Expiration Date</td><td>12/1/2014</td><td>Y</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>Y</td></tr><tr><td>Completion Status</td><td>CP</td><td>Y</td></tr><tr><td>Route of Administration</td><td>Intramuscular (NCIT C28161)</td><td>Y</td></tr><tr><td>Administration Site</td><td>Left Deltoid (HL70163 LD)</td><td>Y</td></tr><tr><td>Historical Vaccine from Another Practice - Polio</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>Y</td></tr><tr><td>Ordering Provider</td><td>J. Rodriguez</td><td>Y</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>Y</td></tr><tr><td>Vaccine Event information source</td><td>Historical information - from parent's written record (NIP001 03)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>poliovirus vaccine, inactivated (CVX 10)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>2/21/2012</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>poliovirus vaccine, inactivated (CVX 10, NDC 49281-0860-55)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>Y</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>Y</td></tr><tr><td>Administering Provider</td><td>Linda Casera</td><td>Y</td></tr><tr><td>Administered-at Location</td><td>4253 Standish Way, Stamford Connecticut 06903</td><td>Y</td></tr><tr><td>Lot Number</td><td>D335PV9644</td><td>Y</td></tr><tr><td>Substance Expiration Date</td><td>2/22/2013</td><td>Y</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>Y</td></tr></table> | Historical Vaccine from Another Practice - DTaP | | | Entered BY | Sandra Molina | Y | Ordering Provider | J. Rodriguez | Y | Entering Organization | Shoreline Pediatrics | Y | Vaccine Event information source (Administration Notes) | Historical information - from parent's written record (NIP001 03) | Y | Value/Text for Vaccine Type | DTaP | Y | Date/Time of Start of Administration | 11/20/2014 | Y | Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01) | Y | Administered Amount (of Vaccine) | 0.5 | Y | Administered Units (of Measure) | mL | Y | Administering Provider | Linda Casera | Y | Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | Lot Number | D643QS8243 | Y | Substance Expiration Date | 12/1/2014 | Y | Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | Completion Status | CP | Y | Route of Administration | Intramuscular (NCIT C28161) | Y | Administration Site | Left Deltoid (HL70163 LD) | Y | Historical Vaccine from Another Practice - Polio | | | Entered BY | Sandra Molina | Y | Ordering Provider | J. Rodriguez | Y | Entering Organization | Shoreline Pediatrics | Y | Vaccine Event information source | Historical information - from parent's written record (NIP001 03) | Y | Value/Text for Vaccine Type | poliovirus vaccine, inactivated (CVX 10) | Y | Date/Time of Start of Administration | 2/21/2012 | Y | Vaccine Administered | poliovirus vaccine, inactivated (CVX 10, NDC 49281-0860-55) | Y | Administered Amount (of Vaccine) | 0.5 | Y | Administered Units (of Measure) | mL | Y | Administering Provider | Linda Casera | Y | Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | Lot Number | D335PV9644 | Y | Substance Expiration Date | 2/22/2013 | Y | Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y |
| Historical Vaccine from Another Practice - DTaP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | J. Rodriguez | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Event information source (Administration Notes) | Historical information - from parent's written record (NIP001 03) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value/Text for Vaccine Type | DTaP | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 11/20/2014 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount (of Vaccine) | 0.5 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units (of Measure) | mL | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | Linda Casera | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot Number | D643QS8243 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 12/1/2014 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT C28161) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Deltoid (HL70163 LD) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Historical Vaccine from Another Practice - Polio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | J. Rodriguez | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Event information source | Historical information - from parent's written record (NIP001 03) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value/Text for Vaccine Type | poliovirus vaccine, inactivated (CVX 10) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 2/21/2012 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | poliovirus vaccine, inactivated (CVX 10, NDC 49281-0860-55) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount (of Vaccine) | 0.5 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units (of Measure) | mL | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | Linda Casera | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | 4253 Standish Way, Stamford Connecticut 06903 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot Number | D335PV9644 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 2/22/2013 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---------------------|--|---|
| Completion Status | CP | Y |
| Administration Site | Subcutaneous (NCIT C28399) Left Deltoid (HL70163 LD) | Y |
| Reaction | Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS | Y |

Notes for Testers

No Note

1.1.4. Enter Initial Immunization Data for Juana Mariana Gonzales Reported by Parent

Test Step Type: SUT_MANUAL

Patient History from a pharmacy as reported by the parent is entered into the EMR.

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|---------------|-------------------|------------|-----------------------|----------------------|---|--|-----------------------------|-------------------|--------------------------------------|------------|----------------------|---|----------------------------------|-----|---------------------------------|----|------------------------|------------|--------------------------|--|------------|----------|---------------------------|------------|-----------------------------|--------------------------|-------------------|----|-------------------------|---------------------|---------------------|--|
| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The immunization history from the pharmacy as reported by the parent 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting data for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria: Vendor successfully records all immunization history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Historical Vaccine from Pharmacy Reported by Parent</td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td></tr><tr><td>Ordering Provider</td><td>Gina Ricci</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td></tr><tr><td>Vaccine Event information source (Administration Notes)</td><td>Historical information - from other provider (NIP001 02)</td></tr><tr><td>Value/Text for Vaccine Type</td><td>Influenza vaccine</td></tr><tr><td>Date/Time of Start of Administration</td><td>10/15/2014</td></tr><tr><td>Vaccine Administered</td><td>influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10))</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.2</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td></tr><tr><td>Administering Provider</td><td>Gina Ricci</td></tr><tr><td>Administered-at Location</td><td>Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901</td></tr><tr><td>Lot Number</td><td>8L4B3423</td></tr><tr><td>Substance Expiration Date</td><td>06/03/2015</td></tr><tr><td>Substance Manufacturer Name</td><td>MedImmune, LLC (MVX MED)</td></tr><tr><td>Completion Status</td><td>CP</td></tr><tr><td>Route of Administration</td><td>Nasal (NCIT C28384)</td></tr><tr><td>Administration Site</td><td></td></tr></table> | Historical Vaccine from Pharmacy Reported by Parent | | Entered BY | Sandra Molina | Ordering Provider | Gina Ricci | Entering Organization | Shoreline Pediatrics | Vaccine Event information source (Administration Notes) | Historical information - from other provider (NIP001 02) | Value/Text for Vaccine Type | Influenza vaccine | Date/Time of Start of Administration | 10/15/2014 | Vaccine Administered | influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10)) | Administered Amount (of Vaccine) | 0.2 | Administered Units (of Measure) | mL | Administering Provider | Gina Ricci | Administered-at Location | Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901 | Lot Number | 8L4B3423 | Substance Expiration Date | 06/03/2015 | Substance Manufacturer Name | MedImmune, LLC (MVX MED) | Completion Status | CP | Route of Administration | Nasal (NCIT C28384) | Administration Site | |
| Historical Vaccine from Pharmacy Reported by Parent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Gina Ricci | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Event information source (Administration Notes) | Historical information - from other provider (NIP001 02) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value/Text for Vaccine Type | Influenza vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 10/15/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount (of Vaccine) | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units (of Measure) | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | Gina Ricci | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot Number | 8L4B3423 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 06/03/2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | MedImmune, LLC (MVX MED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Nasal (NCIT C28384) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes for Testers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1.1.5. Enter Adverse Reaction to the Polio Vaccine

Test Step Type: SUT_MANUAL

The EHR captures structured data regarding adverse events as part of the clinical history.

Test Story

| | | | | | | | | | |
|---|--|--|---|----------|--|---|------------------------|-----------|---|
| Description | | | | | | | | | |
| The provider documents in the EMR the clinical history of an adverse reaction to the polio vaccine. | | | | | | | | | |
| 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 clinical history of the adverse reaction to the Polio vaccine is documented in the record created for Juana Mariana Gonzales. | | | | | | | | | |
| Test Objectives | | | | | | | | | |
| Supporting data for: | | | | | | | | | |
| <i>Identify Adverse Event:</i> The EHR or other clinical software system enables capture of structured data regarding adverse events. | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | |
| Evaluation Criteria: Vendor successfully records all demographic data provided with all required attributes indicated by [Y]: | | | | | | | | | |
| <table border="1"><tr><td>Adverse Reaction Substance/Agent</td><td>inactivated polio vaccine (e.g. Poliomyelitis vaccine adverse reaction (disorder) 293117006)</td><td>Y</td></tr><tr><td>Reaction</td><td>febrile seizure (e.g. Simple febrile seizure (finding) 432354000) VXC11^convulsions (fits, seizures) within 72 hours of dose^</td><td>Y</td></tr><tr><td>Date (of the reaction)</td><td>8/31/2014</td><td>Y</td></tr></table> | Adverse Reaction Substance/Agent | inactivated polio vaccine (e.g. Poliomyelitis vaccine adverse reaction (disorder) 293117006) | Y | Reaction | febrile seizure (e.g. Simple febrile seizure (finding) 432354000) VXC11^convulsions (fits, seizures) within 72 hours of dose^ | Y | Date (of the reaction) | 8/31/2014 | Y |
| Adverse Reaction Substance/Agent | inactivated polio vaccine (e.g. Poliomyelitis vaccine adverse reaction (disorder) 293117006) | Y | | | | | | | |
| Reaction | febrile seizure (e.g. Simple febrile seizure (finding) 432354000) VXC11^convulsions (fits, seizures) within 72 hours of dose^ | Y | | | | | | | |
| Date (of the reaction) | 8/31/2014 | Y | | | | | | | |
| Notes for Testers | | | | | | | | | |
| No Note | | | | | | | | | |

1.1.6. Enter allergy to egg albumin

Test Step Type: SUT_MANUAL

The EHR captures structured data regarding allergies as part of the clinical history.

Test Story

Description

The provider documents in the EMR the clinical history of an allergy to egg albumin.

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 clinical history of the allergy to egg albumin is documented in the record created for Juana Mariana Gonzales

Test Objectives

Supporting data for:

Modify Antigen Recommendations Based on Allergy History: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's active allergies.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all clinical allergy data provided with all required attributes indicated by [Y]:

| | | |
|--|--|---|
| Allergy Substance/Agent | Egg Albumin Allergy (e.g. 213020009 Egg protein allergy (disorder), Allergy to eggs (disorder) 91930004) | Y |
| Date (allergy status known - e.g. thru testing or date of the allergy) | 8/31/2014 | Y |

Notes for Testers

No Note

1.1.7. Enter HepB Dose1 and 3 of 3

Test Step Type:
Patient History for HepB is entered into the EMR.

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------------|---------------|---|-------------------|-------------|---|-----------------------|----------------------|---|---|-------------------------------------|---|--------------------------------------|------------|---|----------------------|--|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|---|---|------------|----------|---|---------------------------|------------|---|-----------------------------|--|---|-------------------|----|---|-------------------------|--|---|---------------------|---------------------|---|------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|----------------------------------|-------------------------------------|---|-----------------------------|--|---|--------------------------------------|------------|---|----------------------|---|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|--|---|------------|----------|---|---------------------------|-----------|---|-----------------------------|--|---|-------------------|----|---|-------------------------|-------------------------|---|---------------------|---------------------|---|
| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EHR vendor loads HepB 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 HepB 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>HepB Dose 1 of 3</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Jane Carter</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Administration Notes (Vaccine Event information source)</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>11/01/2010</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>Jane Carter</td><td>N</td></tr><tr><td>Administered-at Location</td><td>325 Shoreline Drive, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>6332FK33</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>12/14/2010</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>GlaxoSmithKline Biologicals SA (MVX SKB)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Intramuscular (NCIT C28161, HL70162: IM)</td><td>N</td></tr><tr><td>Administration Site</td><td>Left Thigh (HL7 LT)</td><td>N</td></tr><tr><td>HepB Dose 3 of 3</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Vaccine Event information source</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>10/30/2010</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>J. Martinez</td><td>N</td></tr><tr><td>Administered-at Location</td><td>333 Oceanview Lane, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>6332FK24</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>8/31/2012</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>GlaxoSmithKline Biologicals SA (MVX SKB)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Intramuscular (NCIT IM)</td><td>N</td></tr><tr><td>Administration Site</td><td>Left Thigh (HL7 LT)</td><td>N</td></tr></table> | HepB Dose 1 of 3 | | | 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 | 11/01/2010 | Y | Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | 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 | 6332FK33 | N | Substance Expiration Date | 12/14/2010 | N | Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | Administration Site | Left Thigh (HL7 LT) | N | HepB Dose 3 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 | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y | Date/Time of Start of Administration | 10/30/2010 | Y | Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) | 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 | 6332FK24 | N | Substance Expiration Date | 8/31/2012 | N | Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT IM) | N | Administration Site | Left Thigh (HL7 LT) | N |
| HepB Dose 1 of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 11/01/2010 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | 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 | 6332FK33 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 12/14/2010 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HepB Dose 3 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 | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 10/30/2010 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) | 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 | 6332FK24 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 8/31/2012 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes for Testers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1.1.8. Enter DTaP Doses 1, 2, 3 and 4 of 5

Test Step Type:

Patient History for DTaP is entered into the EMR.

Test Story

| | | | | |
|--|--|---|--|--|
| Description | The EHR vendor loads HepB 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 HepB 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: | | | | |
| DTaP Dose 1 of 5 | | | | |
| Entered BY | Sandra Molina | N | | |
| Ordering Provider | Carlos Herrera | N | | |
| Entering Organization | Shoreline Pediatrics | N | | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | | |
| Date/Time of Start of Administration | 1/22/2011 | Y | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | 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 | D409QS2341 | N | | |
| Substance Expiration Date | 11/30/2011 | N | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | | |
| Completion Status | CP | N | | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | | |
| Administration Site | Left Thigh (HL7 LT) | N | | |
| DTaP Dose 2 of 5 | | | | |
| 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y | | |
| Date/Time of Start of Administration | 3/23/2011 | Y | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS2433 | N | | |
| Substance Expiration Date | 9/4/2011 | N | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | | |
| Completion Status | CP | N | | |
| Route of Administration | Intramuscular (NCIT IM) | N | | |
| Administration Site | Right Thigh (HL7 RT) | N | | |
| Adverse Reaction | 31044-1 Reaction, VXC12^fever of >40.5C (105F) within 48 hours of dose | N | | |
| DTaP Dose 3 of 5 | | | | |
| 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y |
| Date/Time of Start of Administration | 5/22/2011 | Y |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS3255 | N |
| Substance Expiration Date | 12/1/2011 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |

| | | |
|--------------------------------------|---|---|
| DTaP Dose 4 of 5 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |
| Vaccine Event information source | Historical Immunization (NIP001 01) | N |
| Value/Text for Vaccine Type | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y |
| Date/Time of Start of Administration | 2/21/2012 | Y |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS249 | N |
| Substance Expiration Date | 3/1/2012 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.1.9. Enter Hib Doses 1-4 of 4

Test Step Type:

Patient History for Hib is entered into the EMR.

Test Story

| Description | | |
|--|---|---|
| The EHR vendor loads Hib 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 Hib 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: | | |
| Hib Dose 1 of 4 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 1/22/2011 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | 7M54K9245 | N |
| Substance Expiration Date | 3/24/2010 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |
| | | |
| Hib 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 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11) | Y |
| Date/Time of Start of Administration | 3/23/2011 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11) | 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 | 7M55K3342 | N |
| Substance Expiration Date | 10/30/2011 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| | | |
| Hib 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 |

Vaccine Event Information Source

| | | |
|--------------------------------------|---|---|
| Value/Text for Vaccine Type | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Date/Time of Start of Administration | 5/22/2011 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11) | 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 | 7M75K4566 | N |
| Substance Expiration Date | 5/23/2011 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | RightThigh (HL7 RT) | N |

Hib Dose 4 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 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Date/Time of Start of Administration | 11/21/2011 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | 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 | N |
| Lot Number | 7M53K5534 | N |
| Substance Expiration Date | 2/22/2012 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.1.10. Enter Polio Dose1 and 2 of 4

Test Step Type:

Patient History for Polio is entered into the EMR

Test Story

Description

The EHR vendor loads Polio 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 Polio 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:

| | | |
|---|--|---|
| Polio Dose 1 of 2 | | |
| 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 | 1/22/2010 | 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 Shorline Drive, Stamford Connecticut 06901 | N |
| Lot Number | D333PV2431 | N |
| Substance Expiration Date | 10/4/2010 | 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 2 | | |
| 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 | 3/23/2010 | 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 | D333PV4344 | N |
| Substance Expiration Date | 3/23/2010 | 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

1.1.11. Enter Pneumococcal,Doses 1-4 of 4

Test Step Type:

Patient History for Pneumococcal is entered into the EMR.

Test Story

| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|---|-------------------------------------|---|--------------------------------------|-----------|---|----------------------|---|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|--|---|------------|-----------|---|---------------------------|-----------|---|-----------------------------|-----------------------|---|-------------------|----|---|-------------------------|--|---|---------------------|---------------------|---|------|--|--|--------------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|----------------------------------|-------------------------------------|---|-----------------------------|---|---|--------------------------------------|-----------|---|----------------------|---|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|--|---|------------|-----------|---|---------------------------|-----------|---|-----------------------------|-----------------------|---|-------------------|----|---|-------------------------|-------------------------|---|---------------------|---------------------|---|------|--|--|--------------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|----------------------------------|-------------------------------------|---|-----------------------------|---|---|
| The EHR vendor loads Pneumococcal 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 Pneumococcal known to the local practice is loaded into the record created for Juana Mariana Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Objectives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>However, the complete list of data element content is provided:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Pneumococcal Dose 1 of 4</td> <td></td> <td></td> </tr> <tr> <td>Entered BY</td> <td>Sandra Molina</td> <td>N</td> </tr> <tr> <td>Ordering Provider</td> <td>Carlos Herrera</td> <td>N</td> </tr> <tr> <td>Entering Organization</td> <td>Shoreline Pediatrics</td> <td>N</td> </tr> <tr> <td>Administration Notes (Vaccine Event information source)</td> <td>Historical Immunization (NIP001 01)</td> <td>Y</td> </tr> <tr> <td>Date/Time of Start of Administration</td> <td>1/22/2011</td> <td>Y</td> </tr> <tr> <td>Vaccine Administered</td> <td>pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)</td> <td>Y</td> </tr> <tr> <td>Administered Amount (of Vaccine)</td> <td>0.5</td> <td>N</td> </tr> <tr> <td>Administered Units (of Measure)</td> <td>mL</td> <td>N</td> </tr> <tr> <td>Administering Provider</td> <td>J. Martinez</td> <td>N</td> </tr> <tr> <td>Administered-at Location</td> <td>333 Oceanview Lane, Stamford Connecticut 06901</td> <td>N</td> </tr> <tr> <td>Lot Number</td> <td>P243V3281</td> <td>N</td> </tr> <tr> <td>Substance Expiration Date</td> <td>1/30/2010</td> <td>N</td> </tr> <tr> <td>Substance Manufacturer Name</td> <td>Pfizer, Inc (MVX PFR)</td> <td>N</td> </tr> <tr> <td>Completion Status</td> <td>CP</td> <td>N</td> </tr> <tr> <td>Route of Administration</td> <td>Intramuscular (NCIT C28161, HL70162: IM)</td> <td>N</td> </tr> <tr> <td>Administration Site</td> <td>Left Thigh (HL7 LT)</td> <td>N</td> </tr> <tr> <td colspan="3"> </td></tr> <tr> <td>Pneumococcal Dose 2 of 4</td> <td></td> <td></td> </tr> <tr> <td>Entered BY</td> <td>Sandra Molina</td> <td>N</td> </tr> <tr> <td>Ordering Provider</td> <td>Carlos Herrera</td> <td>N</td> </tr> <tr> <td>Entering Organization</td> <td>Shoreline Pediatrics</td> <td>N</td> </tr> <tr> <td>Vaccine Event information source</td> <td>Historical Immunization (NIP001 01)</td> <td>Y</td> </tr> <tr> <td>Value/Text for Vaccine Type</td> <td>pneumococcal conjugate vaccine, 13 valent (CVX 133)</td> <td>Y</td> </tr> <tr> <td>Date/Time of Start of Administration</td> <td>3/23/2011</td> <td>Y</td> </tr> <tr> <td>Vaccine Administered</td> <td>pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)</td> <td>Y</td> </tr> <tr> <td>Administered Amount (of Vaccine)</td> <td>0.5</td> <td>N</td> </tr> <tr> <td>Administered Units (of Measure)</td> <td>mL</td> <td>N</td> </tr> <tr> <td>Administering Provider</td> <td>J. 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Martinez | N | Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N | Lot Number | P243V3281 | N | Substance Expiration Date | 1/30/2010 | N | Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | Administration Site | Left Thigh (HL7 LT) | N | | | | Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y | Date/Time of Start of Administration | 3/23/2011 | Y | Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P343V8321 | N | Substance Expiration Date | 3/30/2011 | N | Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT IM) | N | Administration Site | Left Thigh (HL7 LT) | N | | | | Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |
| Pneumococcal Dose 1 of 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Carlos Herrera | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 1/22/2011 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P243V3281 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 1/30/2010 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 3/23/2011 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P343V8321 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 3/30/2011 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pneumococcal Dose 1 of 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Carlos Herrera | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 1/22/2011 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P243V3281 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 1/30/2010 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 3/23/2011 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P343V8321 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 3/30/2011 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--------------------------------------|---|---|
| Date/Time of Start of Administration | 5/22/2011 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P853V2164 | N |
| Substance Expiration Date | 8/30/2011 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | RightThigh (HL7 RT) | N |

| | | |
|--------------------------------------|---|---|
| Pneumococcal Dose 4 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |
| Date/Time of Start of Administration | 1/11/2012 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P853V58532 | N |
| Substance Expiration Date | 4/18/2012 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.1.12. Enter Rotavirus Dose1 and 2 of 3

Test Step Type:

Patient History for Rotavirus is entered into the EMR

Test Story

Description

The EHR vendor loads Rotavirus 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 Rotavirus 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:

| | | |
|---|--|---|
| Rotavirus Dose 1 of 3 | | |
| 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 | 1/22/2010 | Y |
| Vaccine Administered | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV533 | N |
| Substance Expiration Date | 2/15/2010 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Rotavirus Dose 2 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 | rotavirus, live, monovalent vaccine (CVX 119) | Y |
| Date/Time of Start of Administration | 3/23/2010 | Y |
| Vaccine Administered | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV932 | N |
| Substance Expiration Date | 5/10/2011 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |

Notes for Testers

No Note

1.1.13. Enter Influenza History Doses

Test Step Type:

Patient History for Influenza is entered into the EMR.

Test Story

| Description | | |
|--|--|----|
| The EHR vendor loads Influenza 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 Influenza known to the local practice is loaded into the record created for Juana Mariana Gonzales. | | |
| Test Objectives | | |
| <p>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.</p> <p>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.</p> | | |
| Evaluation Criteria | | |
| <p>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.</p> <p>However, the complete list of data element content is provided:</p> | | |
| Influenza Dose 1 of 2 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 9/25/2011 | Y |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | N |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D8043IN8734 | N |
| Substance Expiration Date | 3/12/2012 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Influenza Dose 2 of 2 | | |
| 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 | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) | Y |
| Date/Time of Start of Administration | 10/29/2011 | Y |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | N |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D8043IN8734 | N |
| Substance Expiration Date | 3/12/2012 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |
| Influenza Annual Dose | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | YN |
| Vaccine Event information source | Historical Immunization (NIP001 01) | Y |
| Value/Text for Vaccine Type | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) | Y |

| | | |
|--------------------------------------|---|---|
| Date/Time of Start of Administration | 10/2/2012 | Y |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | N |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D9334IN9333 | N |
| Substance Expiration Date | 5/22/2013 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

| | | |
|--------------------------------------|---|----|
| Influenza Annual Dose | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | YN |
| Vaccine Event information source | Historical Immunization (NIP001 01) | Y |
| Value/Text for Vaccine Type | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) | Y |
| Date/Time of Start of Administration | 11/4/2013 | Y |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | N |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D9553IN2243 | N |
| Substance Expiration Date | 4/30/2014 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.1.14. Enter HepA Dose1 and 2 of 2

Test Step Type:

Patient History for HepA is entered into the EMR.

Test Story

Description

The EHR vendor loads HepA 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 HepA 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:

| | | |
|---|--|---|
| HepA Dose 1 of 2 | | |
| 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 | 11/23/2011 | Y |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Jane Carter | N |
| Administered-at Location | 325 Shorline Drive, Stamford Connecticut 06901 | N |
| Lot Number | 6359RT33 | N |
| Substance Expiration Date | 1/4/2012 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Right Deltoid (HL7 RD) | N |
| HepA Dose 2 of 2 | | |
| 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 | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) | Y |
| Date/Time of Start of Administration | 5/23/2012 | Y |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | 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 | 6359RT48 | N |
| Substance Expiration Date | 9/11/2012 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.1.15. Enter MMRV Dose1 and 2 of 3

Test Step Type:

Patient History for MMRV is entered into the EMR.

Test Story

Description

The EHR vendor loads MMRV 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 MMRV 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 [dose is invalid] | | |
| 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 | 10/23/2010 | Y |
| Vaccine Administered | measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00) | 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 | 7W27V7491 | N |
| Substance Expiration Date | 12/15/2010 | 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 | Left Thigh (HL7 LT) | N |
| MMRV Dose 2 of 3 [first dose is invalid] | | |
| 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 | measles, mumps, rubella, and varicella virus vaccine (CVX 94) | Y |
| Date/Time of Start of Administration | 11/22/2012 | Y |
| Vaccine Administered | measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00) | 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 | N |
| Lot Number | 7W87V3452 | N |
| Substance Expiration Date | 4/13/2013 | 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 | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.2. Juan Marcel Gonzales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for 3 1/2-year old Juan Marcel Gonzales. There are no transactions associated with this test case.

Test Story

Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for Juan Marcel Gonzales. The data includes a clinical history of Asthma.

Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

Pre Condition

No PreCondition

Post Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juan Marcel Gonzales using the test data provided.

Test Objectives

Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

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.

Supporting data for:

Modify Antigen Recommendations Based on Active Diagnoses: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

1.2.1. Enter Initial Demographic Data for New Patient Juan Marcel Gonzales

Test Step Type: SUT_MANUAL

Juan Marcel Gonzales is entered as a patient in the EMR, including all pediatric demographic information.

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|----------------------|---|--|-----------------|---|---------------------|------|---|----------------------|--------|---|--------------------|----------|---|-----------------------|------------|---|------------|------|---|-------------------------------------|---|---|----------------------------------|----|---|---------------------|----|---|--------------------------------|--------|---|---------------------------------|--------|---|-------------------------------|----------|---|--|--------|---|----------------------|-------|---|-----------------------|-----------|---|---------------------|----------|---|----------------------------|---------|---|-------------------------|-------------------|---|-----------------------|----------|---|------------------------|----|---|--------------------------|-----|---|--------------------------|-------|---|--------------------------------------|-----------|---|------|-------|---|-----------|--------------------|---|--|--|--|---------------------|----|---|--------------------------|---------|---|--------------------------|----------------|---|--|------|---|------------------------|------|---|----------------|--|---|-------------------------------------|--|---|
| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EHR vendor loads demographic data for Juan Marcel Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No PreCondition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Objectives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR sends the patient's information to external systems such as an immunization registry.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Patient ID (previously listed as "Medicaid Number")</td><td>Vendor supplied</td><td>Y</td></tr><tr><td>Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name</td><td>Shoreline Pediatrics</td><td>Y</td></tr><tr><td>Patient ID: Type (e.g., medical record number, IIS ID)</td><td>Vendor supplied</td><td>Y</td></tr><tr><td>Patient Name: First</td><td>Juan</td><td>Y</td></tr><tr><td>Patient Name: Middle</td><td>Marcel</td><td>Y</td></tr><tr><td>Patient Name: Last</td><td>Gonzales</td><td>Y</td></tr><tr><td>Patient Date of Birth</td><td>03/04/2014</td><td>Y</td></tr><tr><td>Birth Time</td><td>11am</td><td>N</td></tr><tr><td>Patient Gender (Administrative Sex)</td><td>M</td><td>Y</td></tr><tr><td>Patient Multiple Birth Indicator</td><td>No</td><td>Y</td></tr><tr><td>Patient Birth Order</td><td>NA</td><td>C</td></tr><tr><td>Responsible Person Name: First</td><td>Manuel</td><td>Y</td></tr><tr><td>Responsible Person Name: Middle</td><td>Marcel</td><td>Y</td></tr><tr><td>Responsible Person Name: Last</td><td>Gonzales</td><td>Y</td></tr><tr><td>Responsible Person Name: Relationship to Patient</td><td>Father</td><td>Y</td></tr><tr><td>Mother's Name: First</td><td>Anita</td><td>Y</td></tr><tr><td>Mother's Name: Middle</td><td>Francesca</td><td>Y</td></tr><tr><td>Mother's Name: Last</td><td>Gonzales</td><td>Y</td></tr><tr><td>Mother's Name: Maiden Last</td><td>Morales</td><td>Y</td></tr><tr><td>Patient Address: Street</td><td>4623 Standish Way</td><td>Y</td></tr><tr><td>Patient Address: City</td><td>Stamford</td><td>Y</td></tr><tr><td>Patient Address: State</td><td>CT</td><td>Y</td></tr><tr><td>Patient Address: Country</td><td>USA</td><td>Y</td></tr><tr><td>Patient Address: Zipcode</td><td>06903</td><td>Y</td></tr><tr><td>Patient Address: County of Residence</td><td>Fairfield</td><td>N</td></tr><tr><td>Race</td><td>White</td><td>Y</td></tr><tr><td>Ethnicity</td><td>Hispanic or Latino</td><td>Y</td></tr><tr><td>Birthing Facility Name (Birth Delivery Location Address BDL)</td><td>Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901</td><td>[Y - birthing facility name, not address]</td></tr><tr><td>Patient Birth State</td><td>CT</td><td>Y</td></tr><tr><td>Patient Primary Language</td><td>English</td><td>Y</td></tr><tr><td>Patient Telephone Number</td><td>(203) 555-1213</td><td>Y</td></tr><tr><td>Patient Telephone Number Type (e.g., home, cell)</td><td>Home</td><td>Y</td></tr><tr><td>Patient E-mail Address</td><td>None</td><td>N</td></tr><tr><td>Publicity Code</td><td></td><td>N</td></tr><tr><td>Protection Indicator Effective Date</td><td></td><td>N</td></tr></table> | Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y | Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Shoreline Pediatrics | Y | Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y | Patient Name: First | Juan | Y | Patient Name: Middle | Marcel | Y | Patient Name: Last | Gonzales | Y | Patient Date of Birth | 03/04/2014 | Y | Birth Time | 11am | N | Patient Gender (Administrative Sex) | M | Y | Patient Multiple Birth Indicator | No | Y | Patient Birth Order | NA | C | Responsible Person Name: First | Manuel | Y | Responsible Person Name: Middle | Marcel | Y | Responsible Person Name: Last | Gonzales | Y | Responsible Person Name: Relationship to Patient | Father | Y | Mother's Name: First | Anita | Y | Mother's Name: Middle | Francesca | Y | Mother's Name: Last | Gonzales | Y | Mother's Name: Maiden Last | Morales | Y | Patient Address: Street | 4623 Standish Way | Y | Patient Address: City | Stamford | Y | Patient Address: State | CT | Y | Patient Address: Country | USA | Y | Patient Address: Zipcode | 06903 | Y | Patient Address: County of Residence | Fairfield | N | Race | White | Y | Ethnicity | Hispanic or Latino | Y | Birthing Facility Name (Birth Delivery Location Address BDL) | Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901 | [Y - birthing facility name, not address] | Patient Birth State | CT | Y | Patient Primary Language | English | Y | Patient Telephone Number | (203) 555-1213 | Y | Patient Telephone Number Type (e.g., home, cell) | Home | Y | Patient E-mail Address | None | N | Publicity Code | | N | Protection Indicator Effective Date | | N |
| Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Shoreline Pediatrics | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: First | Juan | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: Middle | Marcel | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Name: Last | Gonzales | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Date of Birth | 03/04/2014 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Time | 11am | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Gender (Administrative Sex) | M | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Multiple Birth Indicator | No | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Birth Order | NA | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person Name: First | Manuel | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person Name: Middle | Marcel | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person Name: Last | Gonzales | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Person Name: Relationship to Patient | Father | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name: First | Anita | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name: Middle | Francesca | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name: Last | Gonzales | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name: Maiden Last | Morales | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: Street | 4623 Standish Way | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: City | Stamford | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: State | CT | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: Country | USA | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: Zipcode | 06903 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Address: County of Residence | Fairfield | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | White | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity | Hispanic or Latino | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birthing Facility Name (Birth Delivery Location Address BDL) | Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901 | [Y - birthing facility name, not address] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Birth State | CT | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Primary Language | English | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Telephone Number | (203) 555-1213 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Telephone Number Type (e.g., home, cell) | Home | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient E-mail Address | None | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publicity Code | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protection Indicator Effective Date | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Protection Indicator | Effective Date | |
|------------------------------|----------------|---|
| Immunization Registry Status | | N |
| Preferred Contact Method | Phone | Y |

Notes for Testers

No Note

1.2.2. Enter Clinical History for Juan Marcel Gonzales

Test Step Type: SUT_MANUAL

The EHR captures structured data regarding a problem of Asthma as part of the clinical history.

Test Story

| | | | |
|--|--|---|---|
| Description | | | |
| The clinical history of Moderate Persistent Asthma is documented in the record created for Juan Marcel Gonzales. | | | |
| Comments | | | |
| No Comments | | | |
| Pre Condition | | | |
| The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales. | | | |
| Post Condition | | | |
| The clinical history of the Moderate Persistent Asthma is documented in the record created for Juan Marcel Gonzales. | | | |
| Test Objectives | | | |
| Supporting data for: Modify Antigen Recommendations Based on Active Diagnoses: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses. | | | |
| Evaluation Criteria | | | |
| Evaluation Criteria: Vendor successfully records all clinical history data provided with all required attributes indicated by [Y]: | | | |
| Adverse History of Asthma | | | |
| Problems | Moderate Persistent Asthma (e.g. Moderate persistent asthma - SNOMED-CT 427295004) | Y | Coded value expected using SNOMED-CT or ICD |
| Notes for Testers | | | |
| No Note | | | |

1.2.3. Enter HepB Dose1 and 2 of 3

Test Step Type:

Patient History? for HepB is entered into the EMR for Juan Marcel

Test Story

Description

The EHR vendor loads HepB 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 HepB 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:

| | | |
|---|---|---|
| HepB Dose 1 of 3 | | |
| 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 | 3/3/2014 | Y |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Jane Carter | N |
| Administered-at Location | 325 Shorline Drive, Stamford Connecticut 06901 | N |
| Lot Number | 6332FK34 | N |
| Substance Expiration Date | 12/14/2014 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| | | |
| HepB Dose 3 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 | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y |
| Date/Time of Start of Administration | 4/15/2014 | Y |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) | 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 | 6352FK2 | N |
| Substance Expiration Date | 10/1/2015 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |

Notes for Testers

No Note

1.2.4. Enter DTaP Doses 1-4 of 5 Juan Marcel

Test Step Type:
No Description

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|---|-------------------------------------|---|--------------------------------------|-----------|---|----------------------|---|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|--|---|------------|------------|---|---------------------------|------------|---|-----------------------------|------------------------------|---|-------------------|----|---|-------------------------|--|---|---------------------|---------------------|---|--|--|--|------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|----------------------------------|-------------------------------------|---|-----------------------------|---|---|--------------------------------------|-----------|---|----------------------|--|---|----------------------------------|-----|---|---------------------------------|----|---|------------------------|-------------|---|--------------------------|--|---|------------|------------|---|---------------------------|----------|---|-----------------------------|------------------------------|---|-------------------|----|---|-------------------------|-------------------------|---|---------------------|----------------------|---|--|--|--|------------------|--|--|------------|---------------|---|-------------------|----------------|---|-----------------------|----------------------|---|
| Description The EHR vendor loads DTaP 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 DTaP known to the local practice is loaded into the record created for Juan Marcel Gonzales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Objectives <i>Record Past Immunizations:</i> 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. <i>Request/Receive Patient Immunization Data and Identify Source:</i> 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>DTaP Dose 1 of 5</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Administration Notes (Vaccine Event information source)</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>5/15/2014</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>J. Martinez</td><td>N</td></tr><tr><td>Administered-at Location</td><td>333 Oceanview Lane, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>D409QS2342</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>11/30/2015</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Intramuscular (NCIT C28161, HL70162: IM)</td><td>N</td></tr><tr><td>Administration Site</td><td>Left Thigh (HL7 LT)</td><td>N</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3">DTaP Dose 2 of 5</td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Vaccine Event information source</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>7/13/2014</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>J. Martinez</td><td>N</td></tr><tr><td>Administered-at Location</td><td>333 Oceanview Lane, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>D409QS2434</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>9/4/2014</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Intramuscular (NCIT IM)</td><td>N</td></tr><tr><td>Administration Site</td><td>Right Thigh (HL7 RT)</td><td>N</td></tr><tr><td colspan="3"> </td></tr><tr><td colspan="3">DTaP Dose 3 of 5</td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr></table> | | | DTaP Dose 1 of 5 | | | Entered BY | Sandra Molina | N | Ordering Provider | Carlos Herrera | N | Entering Organization | Shoreline Pediatrics | N | Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | Date/Time of Start of Administration | 5/15/2014 | Y | Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | 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 | D409QS2342 | N | Substance Expiration Date | 11/30/2015 | N | Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | Administration Site | Left Thigh (HL7 LT) | N | | | | DTaP Dose 2 of 5 | | | 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y | Date/Time of Start of Administration | 7/13/2014 | Y | Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS2434 | N | Substance Expiration Date | 9/4/2014 | N | Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | Completion Status | CP | N | Route of Administration | Intramuscular (NCIT IM) | N | Administration Site | Right Thigh (HL7 RT) | N | | | | DTaP Dose 3 of 5 | | | Entered BY | Sandra Molina | N | Ordering Provider | Carlos Herrera | N | Entering Organization | Shoreline Pediatrics | N |
| DTaP Dose 1 of 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entered BY | Sandra Molina | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Carlos Herrera | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 5/15/2014 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | 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 | D409QS2342 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 11/30/2015 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh (HL7 LT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP Dose 2 of 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | 7/13/2014 | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS2434 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 9/4/2014 | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Intramuscular (NCIT IM) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Right Thigh (HL7 RT) | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DTaP Dose 3 of 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y |
| Date/Time of Start of Administration | 9/16/2014 | Y |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS3256 | N |
| Substance Expiration Date | 12/1/2014 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |

| | | |
|--------------------------------------|--|---|
| DTaP Dose 4 of 5 | | |
| 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 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) | Y |
| Date/Time of Start of Administration | 9/20/2015 | Y |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) | 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 | D409QS250 | N |
| Substance Expiration Date | 3/1/2015 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.2.5. Enter Hib Doses 1-4 of 4 Juan Marcel

Test Step Type:

Patient History for Hib is entered into the EMR for Juan Marcel Gonzales.

Test Story

| Description | | |
|--|---|---|
| The EHR vendor loads Hib 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 Hib 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:: | | |
| Hib Dose 1 of 4 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | 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 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | 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 | N |
| Lot Number | 7M54K9255 | N |
| Substance Expiration Date | 3/24/2015 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |
| | | |
| Hib 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 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Date/Time of Start of Administration | 7/21/2014 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11) | 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 | 7M55K3343 | N |
| Substance Expiration Date | 10/30/2014 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| | | |
| Hib Dose 3 of 4 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |

| | | |
|--------------------------------------|---|---|
| Entered Organization | Shoreline Pediatrics | |
| Vaccine Event information source | Historical Immunization (NIP001 01) | Y |
| Value/Text for Vaccine Type | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Date/Time of Start of Administration | 9/27/2014 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11) | 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 | 7M75K4577 | N |
| Substance Expiration Date | 5/23/2014 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | RightThigh (HL7 RT) | N |

| | | |
|--------------------------------------|--|---|
| Hib Dose 4 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 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | Y |
| Date/Time of Start of Administration | 5/4/2015 | Y |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) | 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 | N |
| Lot Number | 7M53K5535 | N |
| Substance Expiration Date | 10/14/2015 | N |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.2.6. Enter Polio Dose1-3 of 4 Juan Marcel

Test Step Type:

Patient History for Polio is entered into the EMR for Juan Marcel Gonzales

Test Story

| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Polio Dose 1 of 4</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Jane Carter</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Administration Notes (Vaccine Event information source)</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>5/14/2014</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>Jane Carter</td><td>N</td></tr><tr><td>Administered-at Location</td><td>325 Shoreline Drive, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>D333PV2444</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>10/4/2014</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Subcutaneous (NCIT C38299, HL70162: SC)</td><td>N</td></tr><tr><td>Administration Site</td><td>Left Deltoid (HL7 LD)</td><td>N</td></tr><tr><td> </td><td></td><td></td></tr><tr><td>Polio Dose 2 of 4</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Vaccine Event information source</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>poliovirus vaccine, inactivated (CVX 10)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>7/21/2014</td><td>Y</td></tr><tr><td>Vaccine Administered</td><td>poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)</td><td>Y</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td><td>N</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td><td>N</td></tr><tr><td>Administering Provider</td><td>J. Martinez</td><td>N</td></tr><tr><td>Administered-at Location</td><td>333 Oceanview Lane, Stamford Connecticut 06901</td><td>N</td></tr><tr><td>Lot Number</td><td>D333PV4343</td><td>N</td></tr><tr><td>Substance Expiration Date</td><td>3/23/2015</td><td>N</td></tr><tr><td>Substance Manufacturer Name</td><td>Sanofi Pasteur Inc (MVX PMC)</td><td>N</td></tr><tr><td>Completion Status</td><td>CP</td><td>N</td></tr><tr><td>Route of Administration</td><td>Subcutaneous (NCIT C38299, HL70162: SC)</td><td>N</td></tr><tr><td>Administration Site</td><td>Left Deltoid (HL7 LD)</td><td>N</td></tr><tr><td> </td><td></td><td></td></tr><tr><td>Polio Dose 3 of 4</td><td></td><td></td></tr><tr><td>Entered BY</td><td>Sandra Molina</td><td>N</td></tr><tr><td>Ordering Provider</td><td>Carlos Herrera</td><td>N</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td><td>N</td></tr><tr><td>Vaccine Event information source</td><td>Historical Immunization (NIP001 01)</td><td>Y</td></tr><tr><td>Value/Text for Vaccine Type</td><td>poliovirus vaccine, inactivated (CVX 10)</td><td>Y</td></tr><tr><td>Date/Time of Start of Administration</td><td>10/15/2014</td><td>Y</td></tr></table> | | | 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 | 7/21/2014 | 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 | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | 7/21/2014 | 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 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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

1.2.7. Enter Pneumococcal,Doses 1-4 of 4 Juan Marcel

Test Step Type:

Patient History for Pneumococcal is entered into the EMR for Juan Marcel Gonzales.

Test Story

Description

The EHR vendor loads Pneumococcal 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 Pneumococcal 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:

| | | |
|---|---|---|
| Pneumococcal Dose 1 of 4 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 5/18/2014 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P243V3321 | N |
| Substance Expiration Date | 1/30/2015 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |
| Date/Time of Start of Administration | 7/21/2014 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P343V8445 | N |
| Substance Expiration Date | 3/30/2015 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Pneumococcal 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |

| | | |
|----------------------------------|---|---|
| Pneumococcal Dose 4 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |

| | | |
|--------------------------------------|---|---|
| Date/Time of Start of Administration | 9/27/2014 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P853V2175 | N |
| Substance Expiration Date | 8/30/2015 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | RightThigh (HL7 RT) | N |

| | | |
|--------------------------------------|---|---|
| Pneumococcal Dose 4 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 | pneumococcal conjugate vaccine, 13 valent (CVX 133) | Y |
| Date/Time of Start of Administration | 5/4/2015 | Y |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05) | 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 | P853V58544 | N |
| Substance Expiration Date | 10/18/2015 | N |
| Substance Manufacturer Name | Pfizer, Inc (MVX PFR) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.2.8. Enter Rotavirus Dose1 and 2 of 3 Juan Marcel

Test Step Type:

Patient History for Rotavirus is entered into the EMR for Juan Marcel Gonzales.

Test Story

Description

The EHR vendor loads Rotavirus 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 Rotavirus 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:

| | | |
|---|--|---|
| Rotavirus Dose 1 of 3 | | |
| 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 | 1/22/2012 | Y |
| Vaccine Administered | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV533 | N |
| Substance Expiration Date | 2/15/2010 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Rotavirus Dose 2 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 | rotavirus, live, monovalent vaccine (CVX 119) | Y |
| Date/Time of Start of Administration | 3/22/2012 | Y |
| Vaccine Administered | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV932 | N |
| Substance Expiration Date | 5/10/2011 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |

Notes for Testers

No Note

1.2.9. Enter Influenza History Doses Juan Marcel

Test Step Type:

Enter Influenza History Doses Juan Marcel

Test Story

Description

The EHR vendor loads Influenza 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 Influenza 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:

| | | |
|---|--|---|
| Influenza Dose 1 of 2 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Carlos Herrera | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 9/22/2012 | Y |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Y | |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D8043IN8734 | N |
| Substance Expiration Date | 3/12/2013 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |
| Influenza Dose 2 of 2 | | |
| 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 | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) | Y |
| Date/Time of Start of Administration | 10/20/2012 | Y |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |
| Administered Amount (of Vaccine) | 0.25 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | J. Martinez | N |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut 06901 | N |
| Lot Number | D8043IN8798 | N |
| Substance Expiration Date | 3/12/2013 | N |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT IM) | N |
| Administration Site | Right Thigh (HL7 RT) | N |

| | |
|-----------------------|----------------|
| Influenza Annual Dose | |
| Entered BY | Sandra Molina |
| Ordering Provider | Carlos Herrera |

| Event/Reporting Organization | | Event/Reporting Organization | |
|--------------------------------------|---|------------------------------|--|
| Vaccine Event information source | Historical Immunization (NIP001 01) | | |
| Value/Text for Vaccine Type | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) | | |
| Date/Time of Start of Administration | 10/30/2013 | | |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25) | | |
| Administered Amount (of Vaccine) | 0.25 | | |
| Administered Units (of Measure) | mL | | |
| Administering Provider | J. Martinez | | |
| Administered-at Location | 333 Oceanview Lane, Stamford Connecticut | 06901 | |
| Lot Number | D8043IN8734 | | |
| Substance Expiration Date | 5/22/2014 | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | | |
| Completion Status | CP | | |
| Route of Administration | Intramuscular (NCIT IM) | | |
| Administration Site | Left Deltoid (HL7 LD) | | |

Notes for Testers

No Note

1.2.10. Enter HepA Dose1 and 2 of 2 Juan Marcel

Test Step Type:

Patient History for HepA is entered into the EMR for Juan Marcel Gonzales

Test Story

Description

The EHR vendor loads HepA 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 Juan Marcel Gonzales.

Post Condition

The immunization history for HepA 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:

| | | |
|---|--|---|
| HepA Dose 1 of 2 | | |
| 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 | 11/23/2011 | Y |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Jane Carter | N |
| Administered-at Location | 325 Shorline Drive, Stamford Connecticut 06901 | N |
| Lot Number | 6359RT33 | N |
| Substance Expiration Date | 1/4/2012 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Right Deltoid (HL7 RD) | N |
| HepA Dose 2 of 2 | | |
| 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 | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) | Y |
| Date/Time of Start of Administration | 5/23/2012 | Y |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52) | 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 | 6359RT48 | N |
| Substance Expiration Date | 9/11/2012 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Deltoid (HL7 LD) | N |

Notes for Testers

No Note

1.2.11. Enter MMRV Dose1 of 3 Juan Marcel

Test Step Type:

Patient History for MMRV is entered into the EMR for Juan Marcel Gonzales.

Test Story

Description

The EHR vendor loads MMRV 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 MMRV 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:

| | | |
|---|--|---|
| MMRV Dose 1 of 3 | | |
| 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 | 11/22/2012 | Y |
| Vaccine Administered | measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00) | 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 | 7W27V7632 | N |
| Substance Expiration Date | 12/15/2016 | 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 | Left Thigh (HL7 LT) | N |

Notes for Testers

No Note

1.3. Mariela Gonzales Morales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for infant twin Mariela Gonzales Morales. There are no transactions associated with this test case.

Test Story

Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for twin Mariela Gonzales Morales.

Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

Pre Condition

No PreCondition

Post Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Mariela Gonzales Morales using the test data provided.

Test Objectives

Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

1.3.1. Enter Initial Demographic Data for Mariela Gonzales Morales

Test Step Type: SUT_MANUAL

Mariela Gonzales Morales, infant twin, is entered as a new patient in the EMR, including all pediatric demographic information.

Test Story

| | | |
|---|---|---|
| Description | | |
| The EHR vendor loads demographic data for Mariela Gonzales Morales. | | |
| Comments | | |
| Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step. | | |
| Pre Condition | | |
| No PreCondition | | |
| Post Condition | | |
| The EMR has recorded all of the pediatric demographic in the record created for Mariela Gonzales Morales. | | |
| Test Objectives | | |
| <p>Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR sends the patient's information to external systems such as an immunization registry.</p> | | |
| Evaluation Criteria | | |
| Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]: | | |
| Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y |
| Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Shoreline Pediatrics | Y |
| Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y |
| Patient Name: First | Mariela | Y |
| Patient Name: Middle | Gonzales | Y |
| Patient Name: Last | Morales | Y |
| Patient Date of Birth | 10/01/2015 | Y |
| Birth Time | 11am | N |
| Patient Gender (Administrative Sex) | F | Y |
| Patient Multiple Birth Indicator | Yes | Y |
| Patient Birth Order | 1 | C |
| Responsible Person Name: First | Joanna | Y |
| Responsible Person Name: Middle | Elena | Y |
| Responsible Person Name: Last | Morales | Y |
| Responsible Person Name: Relationship to Patient | Mother | Y |
| Mother's Name: First | Joanna | Y |
| Mother's Name: Middle | Elena | Y |
| Mother's Name: Last | Morales | Y |
| Mother's Name: Maiden Last | Gonzales | Y |
| Patient Address: Street | 3321 Standish Way | Y |
| Patient Address: City | Stamford | Y |
| Patient Address: State | CT | Y |
| Patient Address: Country | USA | Y |
| Patient Address: Zipcode | 06903 | Y |
| Patient Address: County of Residence | Fairfield | N |
| Race | White | Y |
| Ethnicity | Hispanic or Latino | Y |
| Birthing Facility Name (Birth Delivery Location Address BDL) | Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903 | [Y - birthing facility name, not address] |
| Patient Birth State | CT | Y |
| Patient Primary Language | English | Y |
| Patient Telephone Number | (203) 555-1214 | Y |
| Patient Telephone Number Type (e.g., home, cell) | home | Y |
| Patient E-mail Address | none | N |
| Publicity Code | NA | N |
| Protection Indicator | | N |

| | | |
|-------------------------------------|------|---|
| Protection Indicator Effective Date | NA | N |
| Immunization Registry Status | NA | N |
| Preferred Contact Method | none | |

Notes for Testers

No Note

1.3.2. Enter HepB Dose1 of 3 Mariella

Test Step Type:

Patient History for HepB is entered into the EMR for Mariella Gonzales Morales.

Test Story

Description

The EHR vendor loads HepB immunization history data for Mariela Gonzales Morales.

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 Mariela Gonzales Morales.

Post Condition

The immunization history for HepB known to the local practice is loaded into the record created for Mariela Gonzales Morales.

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:

| | | |
|---|--|---|
| HepB Dose 1 of 3 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Justin Parker | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 5/30/2015 | Y |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Jane Carter | N |
| Administered-at Location | 15 Atlantic Avenue, Stamford, CT, 06903 | N |
| Lot Number | 6332FK34 | N |
| Substance Expiration Date | 12/14/2015 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |

Notes for Testers

No Note

1.4. Juana Maria Gonzales Morales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for infant twin Juana Maria Gonzales Morales. There are no transactions associated with this test case.

Test Story

Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for twin Juana Maria Gonzales Morales

Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

Pre Condition

No PreCondition

Post Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juana Maria Gonzales Morales using the test data provided.

Test Objectives

Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Evaluation Criteria

Evaluation criteria is defined within each test step

Notes for Testers

No Note

1.4.1. Enter Initial Demographic Data for Juana Maria Gonzales Morales

Test Step Type: SUT_MANUAL

Juana Maria Gonzales Morales, infant twin, is entered as a new patient in the EMR, including all pediatric demographic information.

Test Story

| | | |
|---|---|---|
| Description | | |
| The EHR vendor loads demographic data for Juana Maria Gonzales Morales. | | |
| Comments | | |
| Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step. | | |
| Pre Condition | | |
| No PreCondition | | |
| Post Condition | | |
| The EMR has recorded all of the pediatric demographic in the record created for Juana Maria Gonzales Morales. | | |
| Test Objectives | | |
| <p>Register New Patients: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR sends the patient's information to external systems such as an immunization registry.</p> | | |
| Evaluation Criteria | | |
| Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]: | | |
| Patient ID (previously listed as "Medicaid Number") | Vendor supplied | Y |
| Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name | Shoreline Pediatrics | Y |
| Patient ID: Type (e.g., medical record number, IIS ID) | Vendor supplied | Y |
| Patient Name: First | Juana | Y |
| Patient Name: Middle | Maria Gonzales | Y |
| Patient Name: Last | Morales | Y |
| Patient Date of Birth | 10/01/2015 | Y |
| Birth Time | 11:15am | N |
| Patient Gender (Administrative Sex) | F | Y |
| Patient Multiple Birth Indicator | Yes | Y |
| Patient Birth Order | 2 | Y |
| Responsible Person Name: First | Joanna | Y |
| Responsible Person Name: Middle | Elena | Y |
| Responsible Person Name: Last | Morales | Y |
| Responsible Person Name: Relationship to Patient | Mother | Y |
| Mother's Name: First | Joanna | Y |
| Mother's Name: Middle | Elena | Y |
| Mother's Name: Last | Morales | Y |
| Mother's Name: Maiden Last | Gonzales | Y |
| Patient Address: Street | 3321 Standish Way | Y |
| Patient Address: City | Stamford | Y |
| Patient Address: State | CT | Y |
| Patient Address: Country | USA | Y |
| Patient Address: Zipcode | 06903 | Y |
| Patient Address: County of Residence | Fairfield | N |
| Race | White | Y |
| Ethnicity | Hispanic or Latino | Y |
| Birthing Facility Name (Birth Delivery Location Address BDL) | Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903 | [Y - birthing facility name, not address] |
| Patient Birth State | CT | Y |
| Patient Primary Language | English | Y |
| Patient Telephone Number | (203) 555-1214 | Y |
| Patient Telephone Number Type (e.g., home, cell) | home | Y |
| Patient E-mail Address | none | N |
| Publicity Code | | N |
| Protection Indicator Effective Date | | N |

| Protection Indicator | Effective Date | |
|------------------------------|----------------|---|
| Immunization Registry Status | | N |
| Preferred Contact Method | none | |

•]

Notes for Testers

No Note

1.4.2. Enter HepB Dose1 of 3 Juana Maria

Test Step Type:

Patient History for HepB is entered into the EMR for Juana Maria Gonzales Morales

Test Story

Description

The EHR vendor loads HepB immunization history data for Juana Maria Gonzales Morales.

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 Maria Gonzales Morales.

Post Condition

The immunization history for HepB known to the local practice is loaded into the record created for Juana Maria Gonzales Morales.

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:

| | | |
|---|--|---|
| HepB Dose 1 of 3 | | |
| Entered BY | Sandra Molina | N |
| Ordering Provider | Justin Parker | N |
| Entering Organization | Shoreline Pediatrics | N |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y |
| Date/Time of Start of Administration | 5/30/2015 | Y |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) | Y |
| Administered Amount (of Vaccine) | 0.5 | N |
| Administered Units (of Measure) | mL | N |
| Administering Provider | Jane Carter | N |
| Administered-at Location | 15 Atlantic Avenue, Stamford, CT, 06903 | N |
| Lot Number | 6332FK34 | N |
| Substance Expiration Date | 12/14/2015 | N |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | N |
| Completion Status | CP | N |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | N |
| Administration Site | Left Thigh (HL7 LT) | N |

Notes for Testers

No Note

2. Juana Mariana Gonzales Visit

Juana Marian Gonzales visits the provider where her immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The parents refuse the Polio vaccine due to prior issues. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

2.1. Query the Registry for Juana Mariana Gonzales

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariana Gonzales.

Test Story

Description

The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariana Gonzales. Querying the registry will consist of the vendor creating Z44 messages for Juana Mariana Gonzales to be sent to the registry.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry, and create a new forecast after reconciling the information.

Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load.

Comments

No Comments

Pre Condition

Juana Mariana Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Mariana Gonzales Initial Data Load'

Post Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

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.

View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast.

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Review Patient Immunization History: To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Support for:

Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

2.1.1. Select Patient Juana Mariana Gonzales

Test Step Type: SUT MANUAL

Select patient Juana Mariana Gonzales, distinguishing the patient from other patients with similar demographics (similar names).

Test Story

| |
|---|
| Description Juana Mariana Gonzales is selected as the patient and her record is opened in the EMR. |
| Comments No Comments |
| Pre Condition Juana Mariana Gonzales Initial Data Load completed. |
| Post Condition Juana Mariana Gonzales is the active working patient in the EMR. |
| Test Objectives Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry. |
| Evaluation Criteria Tester shall verify that the product can distinguish Juana Mariana Gonzales from similar sounding names using all of the pediatric demographics: <ul style="list-style-type: none">• Patient ID (previously listed as "Medicaid Number") - Vendor supplied• Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name - Shoreline Pediatrics• Patient ID: Type (e.g., medical record number, IIS ID) - Vendor supplied• Patient Name: First - Juana• Patient Name: Middle - Mariana• Patient Date of Birth - 11/01/2010• Birth Time - 11:05• Patient Gender (Administrative Sex) - F• Patient Multiple Birth Indicator - No• Patient Birth Order - NA• Responsible Person Name: First - Joanna• Responsible Person Name: Middle - Merida• Responsible Person Name: Last - Gonzales• Responsible Person Name: Relationship to Patient - Grandmother (or Grandparent)• Mother's Name: First - Maria• Mother's Name: Middle - Merida• Mother's Name: Last - Gonzales• Mother's Name: Maiden Last - Acosta• Patient Address: Street - 4345 Standish Way• Patient Address: City - Stamford• Patient Address: State - CT• Patient Address: Country - US• Patient Address: Zipcode - 06903• Patient Address: County of Residence - Fairfield• Race - White• Ethnicity - Hispanic or Latino• Birthing Facility Name (Birth Delivery Location Address BDL) - Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901• Patient Birth State - CT• Patient Primary Language - English• Patient Telephone Number - (203) 555-1212• Patient Telephone Number Type (e.g., home, cell) - home• Patient E-mail Address - jmg@gmail.com• Publicity Code• Protection Indicator• Protection Indicator Effective Date• Immunization Registry Status• Preferred Contact Method - Phone |
| Notes for Testers No Note |

2.1.2. Query Registry for vaccination history and forecast for Juana Mariana Gonzales

Test Step Type: SUT_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

Test Story

| |
|--|
| Description |
| The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry. |
| Comments |
| Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Pre Condition |
| Juana Mariana Gonzales Initial Data Load is completed. |
| Post Condition |
| The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Mariana Gonzales |
| Test Objectives |
| Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5). |
| Evaluation Criteria |
| Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission. Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied. |
| Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20150615001020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | QBP | |
| MSH-9.2 | Trigger Event | Q11 | |
| MSH-9.3 | Message Structure | QBP_Q11 | |
| MSH-10 | Message Control ID | 793543 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z44 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | 123456 | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | MYEHR | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | MR | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| QPD-4.2 | Given Name | Juana | Value-Test Case Fixed |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Mariana | Value-Test Case Fixed |
| QPD-4.7 | Name Type Code | L | Value-Test Case Fixed |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Acosta | Value-Test Case Fixed |
| QPD-5.7 | Name Type Code | M | Value-Test Case Fixed |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 201011011105 | Value-Test Case Fixed |
| QPD-7 | Patient Sex | F | Value-Test Case Fixed |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 4345 Standish Way | Value-Test Case Fixed |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | Value-Test Case Fixed |
| QPD-8.4 | State or Province | CT | Value-Test Case Fixed |
| QPD-8.5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | Value-Test Case Fixed |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| QPD-9.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | Value-Test Case Fixed |
| QPD-9.7 | Local Number | 5551212 | Value-Test Case Fixed |
| QPD-10 | Multiple birth indicator | N | Value-Test Case Fixed |
| QPD-11 | Birth order | | |

RCP : Response Control Parameter

| Location | Data Element | Data | Categorization |
|-----------------|--------------------------|-------------|-----------------------|
| RCP-1 | Query Priority | I | |
| RCP-2 | Quantity Limited Request | | |
| RCP-2.1 | Quantity | 1 | |
| RCP-2.2 | Units | | |
| RCP-2.2.1 | Identifier | RD | |
| RCP-2.2.2 | Text | Records | |
| RCP-2.2.3 | Name of Coding System | HL70126 | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------------------------------|
| Patient Name | Juana Mariana Gonzales |
| Mother's Maiden Name | Acosta |
| ID Number | 123456 |
| Date/Time of Birth | 11/01/2010 11:05 |
| Sex | Female |
| Patient Address | 4345 Standish Way Stamford CT 06903 |
| Patient Phone | (203)555-1212 |
| Birth Indicator | No |
| Birth Order | |

2.1.3. View and Compare response to request for vaccination history for Juana Mariana Gonzales

Test Step Type: TA_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and compare to those in the EMR.

Test Story

Description

The Immunization Registry returns an Evaluated History and Forecast (Z42) to the EMR in response to the query for patient (Juana Mariana Gonzales). The provider reviews the immunization history from the registry and compares to the immunization history in the EMR. The provider reconciles the information from these sources, importing information known only to the registry, retaining information that is more accurately reflected in the local EMR:

The physician accesses the record for Juana Mariana Gonzales and:

- Reconciles the EHR vaccine history with the history retrieved from the registry:
- Accepts new vaccines from the registry data
- If the EHR does not already flag the first MMRV as invalid, the provider updates the first MMRV to indicate it is "invalid" as it was given too early (as notified by the registry)
- Retains the local history for influenza and polio vaccines that are not included in the registry report.

Comments

Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Pre Condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR.

Post Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Mariana Gonzales)

Test Objectives

Real Time Request/Receive Patient Immunization History: *The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).*

Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History: The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

Review Patient Immunization History: To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Evaluation Criteria

1. The EMR is able to receive the response from the Immunization Registry.
2. The EMR displays the information returned from the Immunization Registry according to the Juror Document.

NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|---------------------|--------|----------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | 793543 | |

QAK : Query Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--|----------------|
| QAK-1 | Query Tag | 37374859 | |
| QAK-2 | Query Response Status | OK | |
| QAK-3 | Message Query Name | | |
| QAK-3.1 | Identifier | Z44 | |
| QAK-3.2 | Text | Request Evaluated History and Forecast | |
| QAK-3.3 | Name of Coding System | CDCPHINVS | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Gonzales | |
| QPD-4.2 | Given Name | Juana | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| QPD-4.7 | Name Type Code | L | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Acosta | |
| QPD-5.7 | Name Type Code | M | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 201011011105 | |
| QPD-7 | Patient Sex | F | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 4345 Standish Way | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | |
| QPD-8.4 | State or Province | CT | |
| QPD-8.5 | Zip or Postal Code | | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | |
| QPD-9.3 | Telecommunication Equipment Type | PH | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | |
| QPD-9.7 | Local Number | 5551212 | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | Juana | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201011011105 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 4345 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
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| ORC-2.2 | Namespace ID | | |
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| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
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| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
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| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
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| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
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| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
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| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
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| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
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| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
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| ORC-3 | Filler Order Number | | |
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| ORC-17 | Entering Organization | | |
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| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
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| ORC-2.1 | Entity Identifier | | |
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|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
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| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
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| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

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| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
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| ORC-17.1 | Identifier | OP | |
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|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
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| ORC-2.1 | Entity Identifier | | |
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ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

RXA[*]

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101101 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101220 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 45 | |
| RXA-5.2 | Text | hepatitis B vaccine, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110520 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 107 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111121 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120111 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110925 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111029 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121002 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | .25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20131104 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111123 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120523 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110822 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121215 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | |
| RXA-5.2 | Text | varicella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR[*]

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100122 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100122 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | edcgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100323 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100323 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | edcgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 31044-1 | |
| OBX-3.2 | Text | Reaction | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC12 | |
| OBX-5.2 | Text | fever of >40.5C (105F) within 48 hours of dose | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100523 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100522 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100522 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 9 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | cdgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20110221 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20110221 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | cdgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | poliovirus vaccine, inactivated | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | poliovirus vaccine, inactivated | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | I22 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20111025 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20111123 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20111123 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300004211111025 | |
| OBX-5.2 | Text | Hepatitis A VIS | |
| OBX-5.3 | Name of Coding System | edegs1vis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20111025 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20120523 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20120523 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 2530886983000421111025 | |
| OBX-5.2 | Text | Hepatitis A VIS | |
| OBX-5.3 | Name of Coding System | cdegs1vis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | N | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30982-3 | |
| OBX-3.2 | Text | Reason code | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 264499004 | |
| OBX-5.2 | Text | Early | |
| OBX-5.3 | Name of Coding System | SCT | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella virus vaccine | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20110430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20110430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20120429 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20120430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20150901 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20150901 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160131 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|---|-------------------------------|
| Test Case ID | Query the Registry for Juana Mariana Gonzales | |
| Juror ID | <input type="text"/> | |
| Juror Name | <input type="text"/> | |
| HIT System Tested | <input type="text"/> | |
| Inspection Date/Time | <input type="text"/> | |
| Inspection Settlement (Pass/Fail) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Reason Failed | <input type="text"/> | |
| Juror Comments | <input type="text"/> | |

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 | | |
| ID Number | 123456 | |
| Assigning Authority | | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Assigning Authority | | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | Juana Mariana Gonzales | |
| Date of Birth | 11/01/2010 | |
| Sex | Female | |
| Address 1 | | |
| Street | 4345 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Mother's Maiden Name | Maria Merida Acosta | |

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 | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/01/2010 | |
| Date/Time Administration-End | 11/01/2010 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, unspecified formulation | |
| Refusal Reason | | |
| Date/Time Administration-Start | 12/20/2010 | |
| Date/Time Administration-End | 12/20/2010 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/20/2011 | |
| Date/Time Administration-End | 05/20/2011 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |

| Evaluated Immunization History Information | | |
|--|--|-----------------------|
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 5 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |

| Evaluated Immunization History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|--------------|------|----------------|-----------------------|----------------------|--|---------------|--|--|----------------------|--|--|----------------|--|--|--------------------------------|------------|--|------------------------------|------------|--|---------------------|-----|--|-------------------------------|----|--|-------------------------|----|--|---------------------|------------|--|-----------------------------|--------------------|--|----------------------|-------------------------|--|
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Right Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Element Name</th> <th style="text-align: left; width: 40%;">Data</th> <th style="text-align: left; width: 30%;">Tester Comment</th> </tr> </thead> <tbody> <tr> <td>Entering Organization</td> <td>Oceanview Pediatrics</td> <td></td> </tr> <tr> <td>Vaccine Group</td> <td>diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified</td> <td></td> </tr> <tr> <td>Vaccine Administered</td> <td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis</td> <td></td> </tr> <tr> <td>Refusal Reason</td> <td></td> <td></td> </tr> <tr> <td>Date/Time Administration-Start</td> <td>05/22/2011</td> <td></td> </tr> <tr> <td>Date/Time Administration-End</td> <td>05/22/2011</td> <td></td> </tr> <tr> <td>Administered Amount</td> <td>0.5</td> <td></td> </tr> <tr> <td>Administered Units of Measure</td> <td> mL</td> <td></td> </tr> <tr> <td>Route of Administration</td> <td> IM</td> <td></td> </tr> <tr> <td>Administration Site</td> <td> Left Thigh</td> <td></td> </tr> <tr> <td>Substance Manufacturer Name</td> <td> Sanofi Pasteur Inc</td> <td></td> </tr> <tr> <td>Administration Notes</td> <td> new immunization record</td> <td></td> </tr> </tbody> </table> | | | Element Name | Data | Tester Comment | Entering Organization | Oceanview Pediatrics | | Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | | Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | | Refusal Reason | | | Date/Time Administration-Start | 05/22/2011 | | Date/Time Administration-End | 05/22/2011 | | Administered Amount | 0.5 | | Administered Units of Measure | mL | | Route of Administration | IM | | Administration Site | Left Thigh | | Substance Manufacturer Name | Sanofi Pasteur Inc | | Administration Notes | new immunization record | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Oceanview Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusal Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-Start | 05/22/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-End | 05/22/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount | 0.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| Refusal Reason | | |
| Date/Time Administration-Start | 02/21/2012 | |
| Date/Time Administration-End | 02/21/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 5 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/22/2011 | |
| Date/Time Administration-End | 05/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/21/2011 | |
| Date/Time Administration-End | 11/21/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | poliovirus vaccine, inactivated | |
| Vaccine Administered | poliovirus vaccine, inactivated | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |

| Evaluated Immunization History Information | | |
|--|---------------------------------|----------------|
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | SC | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | poliovirus vaccine, inactivated | |
| Vaccine Administered | poliovirus vaccine, inactivated | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | SC | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/22/2011 | |
| Date/Time Administration-End | 05/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/11/2012 | |
| Date/Time Administration-End | 01/11/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |

| Evaluated Immunization History Information | | |
|--|--------------------|--|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|-------------------------------------|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Administered | rotavirus, live, monovalent vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |

| Administered-at Location | | |
|-------------------------------|--------------------|--|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|-------------------------------------|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Administered | rotavirus, live, monovalent vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |

| Evaluated Immunization History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|--------------|------|----------------|-----------------------|----------------------|--|---------------|------------------------------------|--|----------------------|---|--|----------------|--|--|--------------------------------|------------|--|------------------------------|------------|--|---------------------|------|--|-------------------------------|----|--|-------------------------|----|--|---------------------|------------|--|-----------------------------|---|--|----------------------|-------------------------|--|
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Right Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 333 Oceanview Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Element Name</th> <th style="width: 60%;">Data</th> <th style="width: 20%;">Tester Comment</th> </tr> </thead> <tbody> <tr> <td>Entering Organization</td> <td>Oceanview Pediatrics</td> <td></td> </tr> <tr> <td>Vaccine Group</td> <td>influenza, unspecified formulation</td> <td></td> </tr> <tr> <td>Vaccine Administered</td> <td>Influenza, injectable, quadrivalent, preservative free, pediatric</td> <td></td> </tr> <tr> <td>Refusal Reason</td> <td></td> <td></td> </tr> <tr> <td>Date/Time Administration-Start</td> <td>09/25/2011</td> <td></td> </tr> <tr> <td>Date/Time Administration-End</td> <td>09/25/2011</td> <td></td> </tr> <tr> <td>Administered Amount</td> <td>0.25</td> <td></td> </tr> <tr> <td>Administered Units of Measure</td> <td>mL</td> <td></td> </tr> <tr> <td>Route of Administration</td> <td>IM</td> <td></td> </tr> <tr> <td>Administration Site</td> <td>Left Thigh</td> <td></td> </tr> <tr> <td>Substance Manufacturer Name</td> <td>Sanofi Pasteur/GlaxoSmithKline Biologicals SA</td> <td></td> </tr> <tr> <td>Administration Notes</td> <td>new immunization record</td> <td></td> </tr> </tbody> </table> | | | Element Name | Data | Tester Comment | Entering Organization | Oceanview Pediatrics | | Vaccine Group | influenza, unspecified formulation | | Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | | Refusal Reason | | | Date/Time Administration-Start | 09/25/2011 | | Date/Time Administration-End | 09/25/2011 | | Administered Amount | 0.25 | | Administered Units of Measure | mL | | Route of Administration | IM | | Administration Site | Left Thigh | | Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA | | Administration Notes | new immunization record | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Oceanview Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Group | influenza, unspecified formulation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusal Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-Start | 09/25/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-End | 09/25/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount | 0.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 333 Oceanview Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Element Name</th> <th style="width: 60%;">Data</th> <th style="width: 20%;">Tester Comment</th> </tr> </thead> </table> | | | Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 10/29/2011 | |
| Date/Time Administration-End | 10/29/2011 | |
| Administered Amount | 0.25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 10/02/2012 | |
| Date/Time Administration-End | 10/02/2012 | |
| Administered Amount | .25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |

| Evaluated Immunization History Information | | |
|--|---|-----------------------|
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | | |
| Number of Doses in Series | | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/04/2013 | |
| Date/Time Administration-End | 11/04/2013 | |
| Administered Amount | 0.25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | | |
| Number of Doses in Series | | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/23/2011 | |
| Date/Time Administration-End | 11/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Deltoid | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/23/2012 | |
| Date/Time Administration-End | 05/23/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Shoreline Pediatrics | |
| Vaccine Group | MMR | |
| Vaccine Administered | measles, mumps, rubella virus vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 08/22/2011 | |
| Date/Time Administration-End | 08/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |

| Evaluated Immunization History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|----------------|--------------|------|----------------|-----------------------|----------------------|--|---------------|-----|--|----------------------|---------------------------------------|--|----------------|--|--|--------------------------------|------------|--|------------------------------|------------|--|---------------------|-----|--|-------------------------------|----|--|-------------------------|--------------|--|---------------------|--------------|--|-----------------------------|----------------------------|--|----------------------|-------------------------|--|
| Route of Administration | Subcutaneous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Sandra Molina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 400 Shoreline Drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | Early | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Element Name</th> <th style="width: 33%;">Data</th> <th style="width: 34%;">Tester Comment</th> </tr> </thead> <tbody> <tr> <td>Entering Organization</td> <td>Oceanview Pediatrics</td> <td></td> </tr> <tr> <td>Vaccine Group</td> <td>MMR</td> <td></td> </tr> <tr> <td>Vaccine Administered</td> <td>measles, mumps, rubella virus vaccine</td> <td></td> </tr> <tr> <td>Refusal Reason</td> <td></td> <td></td> </tr> <tr> <td>Date/Time Administration-Start</td> <td>11/22/2014</td> <td></td> </tr> <tr> <td>Date/Time Administration-End</td> <td>11/22/2014</td> <td></td> </tr> <tr> <td>Administered Amount</td> <td>0.5</td> <td></td> </tr> <tr> <td>Administered Units of Measure</td> <td>mL</td> <td></td> </tr> <tr> <td>Route of Administration</td> <td>Subcutaneous</td> <td></td> </tr> <tr> <td>Administration Site</td> <td>Left Deltoid</td> <td></td> </tr> <tr> <td>Substance Manufacturer Name</td> <td>Merck Sharp and Dohme Corp</td> <td></td> </tr> <tr> <td>Administration Notes</td> <td>new immunization record</td> <td></td> </tr> </tbody> </table> | | | Element Name | Data | Tester Comment | Entering Organization | Oceanview Pediatrics | | Vaccine Group | MMR | | Vaccine Administered | measles, mumps, rubella virus vaccine | | Refusal Reason | | | Date/Time Administration-Start | 11/22/2014 | | Date/Time Administration-End | 11/22/2014 | | Administered Amount | 0.5 | | Administered Units of Measure | mL | | Route of Administration | Subcutaneous | | Administration Site | Left Deltoid | | Substance Manufacturer Name | Merck Sharp and Dohme Corp | | Administration Notes | new immunization record | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Oceanview Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Group | MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | measles, mumps, rubella virus vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusal Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-Start | 11/22/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-End | 11/22/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount | 0.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Subcutaneous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Deltoid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 333 Oceanview Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Element Name</th> <th style="width: 33%;">Data</th> <th style="width: 34%;">Tester Comment</th> </tr> </thead> </table> | | | Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluated Immunization History Information | | |
|--|----------------------------|--|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Varicella virus vaccine | |
| Vaccine Administered | varicella virus vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 12/15/2012 | |
| Date/Time Administration-End | 12/15/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | Subcutaneous | |
| Administration Site | Right Deltoid | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | IPV | |
| Vaccine Due Date | 04/30/2011 | |
| Earliest Date to Give | 04/30/2011 | |
| Latest Date to Give | 04/29/2012 | |
| Date When Vaccine Overdue | 04/30/2012 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | IPV | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 09/01/2015 | |
| Earliest Date to Give | 09/01/2015 | |
| Latest Date to Give | 01/31/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | MMR | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

2.1.4. Mark first MMR Dose as Invalid

Test Step Type: SUT_MANUAL

Identify the first MMR dose which is given too early, as invalid. If the EHR does not already flag the first MMR as invalid, the provider updates the first MMR to indicate it is ?invalid? as it was given too early (as notified by the registry).

Enter an MMR dose at 14 days prior to the current date. As the first MMR was invalid, this should be listed as the first dose.

Test Story

Description

If the EHR does not already flag the first MMR as invalid, the provider updates the first MMR to indicate it is "invalid" as it was given too early (as notified by the registry). The next MMR is entered as given 14 days prior to the test date.

Comments

No Comments

Pre Condition

Initial Data Load

Post Condition

MMR status for the first MMR dose is set to invalid. The 2nd MMR vaccination from 14 days prior to the current visit is entered into the patient record.

Test Objectives

Dose validity is an important aspect of:

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

Vendor Records 2nd historical MMR dose two weeks prior to the current test date.

Evaluation Criteria: The vendor is able to record that the first MMR vaccination dose is invalid with a reason that it was given too early, and therefore this new dose should be indicated as dose 'I'.

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 | 14 days prior to the Current Date | Y |
| Vaccine Administered | MMR (CVX 03, NDC 0006-4681-00 - MMR II) | 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 | 0934GG | Y |
| Substance Expiration Date | 10/31/2016 | Y |
| Substance Manufacturer. | Merck Sharp & Dohme Corp(MVX MSD) | Y |
| Completion Status | CP | Y |
| Route of Administration | Subcutaneous (NCIT C28399) | Y |
| Administration Site | Left Deltoid | Y |

Notes for Testers

No Note

2.1.5. View the vaccination forecast for Juana Mariana Gonzales

Test Step Type: TA_RESPONDER

Vendor can successfully display the current Immunization Forecast (vaccination names and recommended vaccination dates) as returned by the Registry (Z42).

Test Story

| |
|--|
| Description The physician accesses the record for Juana Mariana Gonzales and: ??? Displays the registry forecast which includes the need for a second, valid MMRV vaccine and also the need for influenza and polio vaccines (since the registry has no information about them) |
| Comments Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages and display of vaccination forecast delivered by the Immunization Registry, along with rationale for deferring or omitting support for the functionality. |
| Pre Condition A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR. |
| Post Condition Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Mariana Gonzales) |
| Test Objectives View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast. |
| Evaluation Criteria 1. The EMR displays the information returned from the Immunization Registry according to the Juror Document. 2. Verify that All forecast vaccines and dates returned by the registry are displayed to the user. NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42 and display of vaccine forecast from the immunization registry, and rationale for deferring or omitting support for the functionality.. |
| Notes for Testers No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|---------------------|--------|----------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | 793543 | |

QAK : Query Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--|----------------|
| QAK-1 | Query Tag | 37374859 | |
| QAK-2 | Query Response Status | OK | |
| QAK-3 | Message Query Name | | |
| QAK-3.1 | Identifier | Z44 | |
| QAK-3.2 | Text | Request Evaluated History and Forecast | |
| QAK-3.3 | Name of Coding System | CDCPHINVS | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Gonzales | |
| QPD-4.2 | Given Name | Juana | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| QPD-4.7 | Name Type Code | L | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Acosta | |
| QPD-5.7 | Name Type Code | M | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 201011011105 | |
| QPD-7 | Patient Sex | F | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 4345 Standish Way | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | |
| QPD-8.4 | State or Province | CT | |
| QPD-8.5 | Zip or Postal Code | | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | |
| QPD-9.3 | Telecommunication Equipment Type | PH | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | |
| QPD-9.7 | Local Number | 5551212 | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | Juana | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201011011105 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 4345 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

| Location | Data Element | Data | Categorization |
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| ORC-2 | Placer Order Number | | |
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| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

RXA[*]

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101101 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101220 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 45 | |
| RXA-5.2 | Text | hepatitis B vaccine, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110520 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 107 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111121 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120111 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110925 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111029 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121002 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | .25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20131104 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.25 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111123 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120523 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110822 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141122 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121215 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | |
| RXA-5.2 | Text | varicella virus vaccine | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | new immunization record | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR[*]

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100122 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100122 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | edcgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100323 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100323 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | edcgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 31044-1 | |
| OBX-3.2 | Text | Reaction | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC12 | |
| OBX-5.2 | Text | fever of >40.5C (105F) within 48 hours of dose | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100523 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100522 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20100522 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 9 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | cdgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 5 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20070517 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20110221 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20110221 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300003511070517 | |
| OBX-5.2 | Text | Diphtheria/Tetanus/Pertussis (DTaP) VIS | |
| OBX-5.3 | Name of Coding System | cdgslvis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 17 | |
| OBX-5.2 | Text | Hib, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | poliovirus vaccine, inactivated | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | poliovirus vaccine, inactivated | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 109 | |
| OBX-5.2 | Text | pneumococcal, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | I22 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20111025 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20111123 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20111123 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 253088698300004211111025 | |
| OBX-5.2 | Text | Hepatitis A VIS | |
| OBX-5.3 | Name of Coding System | edegs1vis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | |
| OBX-3.2 | Text | VIS Publication Date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20111025 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20120523 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | |
| OBX-3.2 | Text | VIS presented | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 20120523 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 69764-9 | |
| OBX-3.2 | Text | Document type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 2530886983000421111025 | |
| OBX-5.2 | Text | Hepatitis A VIS | |
| OBX-5.3 | Name of Coding System | cdegs1vis | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | N | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30982-3 | |
| OBX-3.2 | Text | Reason code | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 264499004 | |
| OBX-5.2 | Text | Early | |
| OBX-5.3 | Name of Coding System | SCT | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella virus vaccine | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20110430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20110430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20120429 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20120430 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20150901 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20150901 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160131 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 4 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20141031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161030 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 8 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|---|-------------------------------|
| Test Case ID | Query the Registry for Juana Mariana Gonzales | |
| Juror ID | <input type="text"/> | |
| Juror Name | <input type="text"/> | |
| HIT System Tested | <input type="text"/> | |
| Inspection Date/Time | <input type="text"/> | |
| Inspection Settlement (Pass/Fail) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Reason Failed | <input type="text"/> | |
| Juror Comments | <input type="text"/> | |

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 | | |
| ID Number | 123456 | |
| Assigning Authority | | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Assigning Authority | | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | Juana Mariana Gonzales | |
| Date of Birth | 11/01/2010 | |
| Sex | Female | |
| Address 1 | | |
| Street | 4345 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Mother's Maiden Name | Maria Merida Acosta | |

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 | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/01/2010 | |
| Date/Time Administration-End | 11/01/2010 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, unspecified formulation | |
| Refusal Reason | | |
| Date/Time Administration-Start | 12/20/2010 | |
| Date/Time Administration-End | 12/20/2010 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep B Peds NOS | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/20/2011 | |
| Date/Time Administration-End | 05/20/2011 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |

| Evaluated Immunization History Information | | |
|--|--|-----------------------|
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 5 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |

| Evaluated Immunization History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|--------------|------|----------------|-----------------------|----------------------|--|---------------|--|--|----------------------|--|--|----------------|--|--|--------------------------------|------------|--|------------------------------|------------|--|---------------------|-----|--|-------------------------------|----|--|-------------------------|----|--|---------------------|------------|--|-----------------------------|--------------------|--|----------------------|-------------------------|--|
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Right Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Element Name</th> <th style="width: 33%;">Data</th> <th style="width: 33%;">Tester Comment</th> </tr> </thead> <tbody> <tr> <td>Entering Organization</td> <td>Oceanview Pediatrics</td> <td></td> </tr> <tr> <td>Vaccine Group</td> <td>diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified</td> <td></td> </tr> <tr> <td>Vaccine Administered</td> <td>diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis</td> <td></td> </tr> <tr> <td>Refusal Reason</td> <td></td> <td></td> </tr> <tr> <td>Date/Time Administration-Start</td> <td>05/22/2011</td> <td></td> </tr> <tr> <td>Date/Time Administration-End</td> <td>05/22/2011</td> <td></td> </tr> <tr> <td>Administered Amount</td> <td>0.5</td> <td></td> </tr> <tr> <td>Administered Units of Measure</td> <td>mL</td> <td></td> </tr> <tr> <td>Route of Administration</td> <td>IM</td> <td></td> </tr> <tr> <td>Administration Site</td> <td>Left Thigh</td> <td></td> </tr> <tr> <td>Substance Manufacturer Name</td> <td>Sanofi Pasteur Inc</td> <td></td> </tr> <tr> <td>Administration Notes</td> <td>new immunization record</td> <td></td> </tr> </tbody> </table> | | | Element Name | Data | Tester Comment | Entering Organization | Oceanview Pediatrics | | Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | | Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | | Refusal Reason | | | Date/Time Administration-Start | 05/22/2011 | | Date/Time Administration-End | 05/22/2011 | | Administered Amount | 0.5 | | Administered Units of Measure | mL | | Route of Administration | IM | | Administration Site | Left Thigh | | Substance Manufacturer Name | Sanofi Pasteur Inc | | Administration Notes | new immunization record | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Oceanview Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusal Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-Start | 05/22/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-End | 05/22/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount | 0.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | |
| Vaccine Administered | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | |
| Refusal Reason | | |
| Date/Time Administration-Start | 02/21/2012 | |
| Date/Time Administration-End | 02/21/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 5 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | | |
| Other Designation | | |
| City | | |
| State | | |
| Zip Code | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/22/2011 | |
| Date/Time Administration-End | 05/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |

| Evaluated Immunization History Information | | |
|--|--|----------------|
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hib, unspecified formulation | |
| Vaccine Administered | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/21/2011 | |
| Date/Time Administration-End | 11/21/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | poliovirus vaccine, inactivated | |
| Vaccine Administered | poliovirus vaccine, inactivated | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |

| Evaluated Immunization History Information | | |
|--|---------------------------------|----------------|
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | SC | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | poliovirus vaccine, inactivated | |
| Vaccine Administered | poliovirus vaccine, inactivated | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | SC | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi Pasteur Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Immunization Schedule Used | Data | Tester Comment |
| Element Name | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 3 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 4 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/22/2011 | |
| Date/Time Administration-End | 05/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | pneumococcal, unspecified formulation | |
| Vaccine Administered | pneumococcal conjugate vaccine, 13 valent | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/11/2012 | |
| Date/Time Administration-End | 01/11/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Pfizer, Inc | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |

| Evaluated Immunization History Information | | |
|--|--------------------|--|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 4 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|-------------------------------------|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Administered | rotavirus, live, monovalent vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 01/22/2011 | |
| Date/Time Administration-End | 01/22/2011 | |
| 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 | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |

| Administered-at Location | | |
|-------------------------------|--------------------|--|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|-------------------------------------|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Administered | rotavirus, live, monovalent vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 03/23/2011 | |
| Date/Time Administration-End | 03/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |

| Evaluated Immunization History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|--------------|------|----------------|-----------------------|----------------------|--|---------------|------------------------------------|--|----------------------|---|--|----------------|--|--|--------------------------------|------------|--|------------------------------|------------|--|---------------------|------|--|-------------------------------|----|--|-------------------------|----|--|---------------------|------------|--|-----------------------------|---|--|----------------------|-------------------------|--|
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Right Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 333 Oceanview Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Element Name</th> <th style="width: 50%;">Data</th> <th style="width: 25%;">Tester Comment</th> </tr> </thead> <tbody> <tr> <td>Entering Organization</td> <td>Oceanview Pediatrics</td> <td></td> </tr> <tr> <td>Vaccine Group</td> <td>influenza, unspecified formulation</td> <td></td> </tr> <tr> <td>Vaccine Administered</td> <td>Influenza, injectable, quadrivalent, preservative free, pediatric</td> <td></td> </tr> <tr> <td>Refusal Reason</td> <td></td> <td></td> </tr> <tr> <td>Date/Time Administration-Start</td> <td>09/25/2011</td> <td></td> </tr> <tr> <td>Date/Time Administration-End</td> <td>09/25/2011</td> <td></td> </tr> <tr> <td>Administered Amount</td> <td>0.25</td> <td></td> </tr> <tr> <td>Administered Units of Measure</td> <td>mL</td> <td></td> </tr> <tr> <td>Route of Administration</td> <td>IM</td> <td></td> </tr> <tr> <td>Administration Site</td> <td>Left Thigh</td> <td></td> </tr> <tr> <td>Substance Manufacturer Name</td> <td>Sanofi Pasteur/GlaxoSmithKline Biologicals SA</td> <td></td> </tr> <tr> <td>Administration Notes</td> <td>new immunization record</td> <td></td> </tr> </tbody> </table> | | | Element Name | Data | Tester Comment | Entering Organization | Oceanview Pediatrics | | Vaccine Group | influenza, unspecified formulation | | Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | | Refusal Reason | | | Date/Time Administration-Start | 09/25/2011 | | Date/Time Administration-End | 09/25/2011 | | Administered Amount | 0.25 | | Administered Units of Measure | mL | | Route of Administration | IM | | Administration Site | Left Thigh | | Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA | | Administration Notes | new immunization record | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Oceanview Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Group | influenza, unspecified formulation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusal Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-Start | 09/25/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time Administration-End | 09/25/2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount | 0.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units of Measure | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | IM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | Left Thigh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Notes | new immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | J Martinez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility ID | DCS_DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | 333 Oceanview Lane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Designation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | Stamford | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Code | 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valid Dose | YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validity Reason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status* | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose Number in Series | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Doses in Series | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Series Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status in Immunization Series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization Schedule Used | ACIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Element Name</th> <th style="width: 50%;">Data</th> <th style="width: 25%;">Tester Comment</th> </tr> </thead> </table> | | | Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Element Name | Data | Tester Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Evaluated Immunization History Information | | |
|--|--|--|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 10/29/2011 | |
| Date/Time Administration-End | 10/29/2011 | |
| Administered Amount | 0.25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Thigh | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 10/02/2012 | |
| Date/Time Administration-End | 10/02/2012 | |
| Administered Amount | .25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |

| Evaluated Immunization History Information | | |
|--|---|----------------|
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | | |
| Number of Doses in Series | | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Administered | Influenza, injectable, quadrivalent, preservative free, pediatric | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/04/2013 | |
| Date/Time Administration-End | 11/04/2013 | |
| Administered Amount | 0.25 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | | |
| Number of Doses in Series | | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| | | |
| Element Name | Data | Tester Comment |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/23/2011 | |
| Date/Time Administration-End | 11/23/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Right Deltoid | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |

| Evaluated Immunization History Information | | |
|--|--------------------|--|
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|---|----------------|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Administered | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | |
| Refusal Reason | | |
| Date/Time Administration-Start | 05/23/2012 | |
| Date/Time Administration-End | 05/23/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | IM | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA | |
| Administration Notes | new immunization record | |

| Administering Provider | | |
|-------------------------------|--------------------|--|
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 2 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

| Element Name | Data | Tester Comment |
|--------------------------------|---------------------------------------|----------------|
| Entering Organization | Shoreline Pediatrics | |
| Vaccine Group | MMR | |
| Vaccine Administered | measles, mumps, rubella virus vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 08/22/2011 | |
| Date/Time Administration-End | 08/22/2011 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |

| Evaluated Immunization History Information | | |
|--|---------------------------------------|--|
| Route of Administration | Subcutaneous | |
| Administration Site | Left Thigh | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | Sandra Molina | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 400 Shoreline Drive | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | NO | |
| Validity Reason | Early | |
| Completion Status* | Complete | |
| Dose Number in Series | | |
| Number of Doses in Series | | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name Data Tester Comment | | |
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | MMR | |
| Vaccine Administered | measles, mumps, rubella virus vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 11/22/2014 | |
| Date/Time Administration-End | 11/22/2014 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | Subcutaneous | |
| Administration Site | Left Deltoid | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |
| Element Name Data Tester Comment | | |

| Evaluated Immunization History Information | | |
|--|----------------------------|--|
| Entering Organization | Oceanview Pediatrics | |
| Vaccine Group | Varicella virus vaccine | |
| Vaccine Administered | varicella virus vaccine | |
| Refusal Reason | | |
| Date/Time Administration-Start | 12/15/2012 | |
| Date/Time Administration-End | 12/15/2012 | |
| Administered Amount | 0.5 | |
| Administered Units of Measure | mL | |
| Route of Administration | Subcutaneous | |
| Administration Site | Right Deltoid | |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp | |
| Administration Notes | new immunization record | |
| Administering Provider | | |
| Name | J Martinez | |
| ID Number | | |
| Administered-at Location | | |
| Facility ID | DCS_DC | |
| Street Address | 333 Oceanview Lane | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Valid Dose | YES | |
| Validity Reason | | |
| Completion Status* | Complete | |
| Dose Number in Series | 1 | |
| Number of Doses in Series | 2 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | IPV | |
| Vaccine Due Date | 04/30/2011 | |
| Earliest Date to Give | 04/30/2011 | |
| Latest Date to Give | 04/29/2012 | |
| Date When Vaccine Overdue | 04/30/2012 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | IPV | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 09/01/2015 | |
| Earliest Date to Give | 09/01/2015 | |
| Latest Date to Give | 01/31/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | MMR | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 10/31/2014 | |
| Earliest Date to Give | 10/31/2014 | |
| Latest Date to Give | 10/30/2016 | |
| Date When Vaccine Overdue | 10/31/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

2.1.6. Reconcile and import vaccinations from Evaluated History and Forecast for Juana Mariana Gonzales

Test Step Type: SUT_MANUAL

The Provider uses the EMR to compare the immunization history results (Z42) returned by the Immunization Registry in response to the Z44 Query with the immunization history in the local system, and reconcile (import/update) records.

Test Story

| |
|--|
| Description Juana Maria Gonzales Morales immunization registry provided Evaluated History and Forecast is reconciled with the Immunization history information in the EMR. |
| Comments The vaccination history has been manually entered during the initial data load. The system under test may demonstrate any import and reconciliation capabilities available. |
| Pre Condition A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import. |
| Post Condition Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Mariana Gonzales) |
| Test Objectives 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 Since the EMR is using this test plan due to lack of support for Query/Response functions to retrieve the vaccination forecast and immunization history from the IIS, the vaccination history has been manually entered during the initial data load. The system under test may demonstrate any import and reconciliation capabilities available. These should be documented as part of this test step. |
| Notes for Testers No Note |

2.1.7. View the updated vaccination forecast for Juana Mariana Gonzales

Test Step Type: SUT_MANUAL

Using the reconciled vaccine history information, the EMR displays the current Immunization Forecast to the user for Juana Mariana Gonzales.

Test Story

| |
|---|
| Description |
| Once the vaccine history is reconciled in the EMR, the vaccine forecast is updated. |
| Comments |
| No Comments |
| Pre Condition |
| EMR Vaccine History is Reconciled with Immunization History from the IIS (previous step 'Reconcile and import vaccinations from Evaluated History and Forecast returned by the Registry for Juana Mariana Gonzales'). |
| Post Condition |
| An updated vaccine forecast based upon the reconciled vaccine history is available to the user. |
| Test Objectives |
| View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service. |
| Evaluation Criteria |
| Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history: 1. Verify that the EMR does not include in reconciled vaccine forecast: IPV due on 4/30/2011 2. Verify that the EMR includes in reconciled vaccine forecast: IPV due on 10/31/2014 MMR due on 10/31/2014 Varicella due on 10/31/2014 influenza, unspecified formulation due on 09/01/2015 |
| Notes for Testers |
| No Note |

2.2. Juana Mariana Gonzales, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

Test Story

| |
|---|
| Description |
| This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients. |
| Comments |
| No Comments |
| Pre Condition |
| Juana Mariana Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Mariana Gonzales Initial Data Load' |
| Post Condition |
| Visit orders are entered in Juana Mariana Gonzales' record. |
| Test Objectives |
| Notify of Previous Adverse Event: EHRs and other clinical software systems alert providers to previous adverse events for a specific patient, in order to inform clinical decision-making when providers view an existing immunization record. |
| Record Vaccine Administration Deferral: The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed. |
| Modify Antigen Recommendations Based on Allergy History: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's active allergies. |
| Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required. |
| Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size. |
| Sample of data quality checking for vaccine route. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

2.2.1. Order IPV and view prior reaction

Test Step Type: SUT_MANUAL

The provider selects to order IPV and views information about the prior febrile seizure post-IPV vaccine.

Test Story

Description

The physician accesses the record for Juana Mariana Gonzales and:

• Selects order for IPV and views information about the prior febrile seizure post-IPV vaccine

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR.

Post Condition

IPV order entered in patient record. User notified of history of adverse reaction to IPV (febrile seizures).

Test Objectives

Notify of Previous Adverse Event: EHRS and other clinical software systems alert providers to previous adverse events for a specific patient, in order to inform clinical decision-making when providers view an existing immunization record.

Evaluation Criteria

EMR Records the following order information and Alert:

| | |
|--|---|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Value/Text for Vaccine Type | IPV (CVX 10) |
| Date/Time Vaccine Refusal was recorded | Current Date |
| Alert | Alerts user to information about the prior febrile seizure post-IPV vaccine |

Notes for Testers

No Note

2.2.2. IPV Parental Refusal

Test Step Type: SUT MANUAL

Documents mother's refusal for IPV vaccine indicating the parent decision, the reason and makes it permanent.

Test Story

Description

The mother is concerned about administering the IPV due to the prior adverse reaction, and refuses to have the child immunized for IPV. The provider documents mother's refusal for IPV vaccine indicating the parent decision, the reason and makes it permanent.

Comments

No Comments

Pre Condition

Prior Immunization History loaded and reconciled from the Immunization Registry. Order is attempted for IPV. Provider has been alerted to prior adverse reaction to IPV of febrile seizures.

Post Condition

Vaccine non-administration due to parental refusal is documented in the patient record. Deferral is permanent.

Test Objectives

Record Vaccine Administration Deferral: The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.

Evaluation Criteria

EMR documents the non-administration of the IPV due to the parental refusal:

| | |
|---|-------------------------------|
| Substance/Treatment Refusal Reason | Parental decision (NIP002 00) |
| Completion Status | RE |
| Date/Time Vaccine Deferral was recorded | Current Date |
| Deferral Reason | Parental decision (NIP002 00) |
| Deferral Status | Permanent |

Notes for Testers

No Note

2.2.3. Order Influenza vaccine and view allergy alert

Test Step Type: SUT_MANUAL

The provider orders inactivated influenza vaccine and is notified that the patient has an allergy to egg albumin.

Test Story

Description

The provider orders inactivated influenza vaccine and is notified that the patient has an allergy to egg albumin

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR.

Post Condition

Intranasal form of the Influenza vaccine is ordered for the patient.

Test Objectives

Modify Antigen Recommendations Based on Allergy History: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's active allergies.

Evaluation Criteria

EMR Records the following order information and Alert:

| | |
|-----------------------------------|--|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Order Value/Text for Vaccine Type | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX161) |
| Date/Time Vaccine was recorded | Current Date |
| Alert | Alerts user to information that patient has Egg Allergy |

Provider changes the order to modify the Vaccine type:

| | |
|---------------|---|
| Vaccine Type: | Influenza virus vaccine, live, attenuated, for intranasal use (CVX 111) |
|---------------|---|

Notes for Testers

No Note

2.2.4. Attempt to order Varicella Dose

Test Step Type:

The provider attempts to order a Varicella dose and is alerted that it is too soon to give a live virus following the MMR dose 14 days prior.

Test Story

| |
|---|
| Description |
| The provider attempts to give a Varicella dose, and is warned that it is too soon to give a live vaccine dose. |
| Comments |
| No Comments |
| Pre Condition |
| Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. MMR dose entered at 14 days prior to the current date. |
| Post Condition |
| The provider has been issued a warning that it is too soon to give another live virus dose. |
| Test Objectives |
| Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required. |
| Evaluation Criteria |
| There should be a warning that the attempt to give a new Varicella Dose is too early - should get warning that 28 days must pass between 2 live virus vaccines if not administered at the same time due to the prior MMR vaccination 14 days earlier. |
| Notes for Testers |
| No Note |

2.2.5. Records Influenza Vaccine administration route with data validation checking

Test Step Type: SUT_MANUAL

The provider records the vaccine administration in the EMR and is prevented from incorrectly documenting vaccine route.

Test Story

| |
|---|
| Description |
| The nurse documents administration route for the nasal live, attenuated influenza vaccine • Is prevented from documenting "IM" for live, attenuated influenza vaccine |
| Comments |
| This step covers data quality checking as an informative aspect of vaccine administration |
| Pre Condition |
| Order is placed for nasal live, attenuated influenza vaccine. |
| Post Condition |
| The nasal live, attenuated influenza vaccination route has failed to be recorded as intramuscular in the EMR. |
| Test Objectives |
| Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size. |
| Sample of data quality checking for vaccine route. |
| Evaluation Criteria |
| The EMR prevents the user from entering "Intramuscular" as a route for the nasal live, attenuated influenza vaccine. |
| Notes for Testers |
| No Note |

2.2.6. Record Influenza Vaccine administration

Test Step Type: SUT_MANUAL

The provider documents in the EMR all attributes associated with the new vaccine administration.

Test Story

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|-------------------|-------------|-----------------------|----------------------|---|-------------------------------------|-----------------------------|---|--------------------------------------|--------------|----------------------|---|----------------------------------|-----|---------------------------------|----|------------------------|---------------|--------------------------|---|------------|----------|---------------------------|------------|-----------------------------|-------------------------|-------------------|----|-------------------------|---|---------------------|--|-----------------|----|
| Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The nurse administers the nasal live, attenuated influenza vaccine • Documents all required information for each vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Order is placed for nasal live, attenuated influenza vaccine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The nasal live, attenuated influenza vaccinations is recorded in the EMR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Objectives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMR Records the following vaccine administration information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Entered BY</td><td>Sandra Molina</td></tr><tr><td>Ordering Provider</td><td>Frank Smith</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td></tr><tr><td>Vaccine Event information source (Administration Notes)</td><td>New immunization record (NIP001 00)</td></tr><tr><td>Value/Text for Vaccine Type</td><td>influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10)</td></tr><tr><td>Date/Time of Start of Administration</td><td>Current Date</td></tr><tr><td>Vaccine Administered</td><td>influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10)</td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.2</td></tr><tr><td>Administered Units (of Measure)</td><td>mL</td></tr><tr><td>Administering Provider</td><td>Sandra Molina</td></tr><tr><td>Administered-at Location</td><td>400 Shoreline Drive, Stamford Connecticut 06901</td></tr><tr><td>Lot Number</td><td>8L4B3521</td></tr><tr><td>Substance Expiration Date</td><td>10/31/2016</td></tr><tr><td>Substance Manufacturer Name</td><td>MedImmune,LLC (MVX MED)</td></tr><tr><td>Completion Status</td><td>CP</td></tr><tr><td>Route of Administration</td><td>Nasal (NCIT C38284), Nasal (HL70162 NS)</td></tr><tr><td>Administration Site</td><td></td></tr><tr><td>VFC Eligibility</td><td>No</td></tr></table> | Entered BY | Sandra Molina | Ordering Provider | Frank Smith | Entering Organization | Shoreline Pediatrics | Vaccine Event information source (Administration Notes) | New immunization record (NIP001 00) | Value/Text for Vaccine Type | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | Date/Time of Start of Administration | Current Date | Vaccine Administered | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | Administered Amount (of Vaccine) | 0.2 | Administered Units (of Measure) | mL | Administering Provider | Sandra Molina | Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 | Lot Number | 8L4B3521 | Substance Expiration Date | 10/31/2016 | Substance Manufacturer Name | MedImmune,LLC (MVX MED) | Completion Status | CP | Route of Administration | Nasal (NCIT C38284), Nasal (HL70162 NS) | Administration Site | | VFC Eligibility | No |
| Entered BY | Sandra Molina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Frank Smith | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Event information source (Administration Notes) | New immunization record (NIP001 00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value/Text for Vaccine Type | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | Current Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Amount (of Vaccine) | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered Units (of Measure) | mL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administering Provider | Sandra Molina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lot Number | 8L4B3521 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date | 10/31/2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | MedImmune,LLC (MVX MED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Status | CP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of Administration | Nasal (NCIT C38284), Nasal (HL70162 NS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration Site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VFC Eligibility | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes for Testers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2.2.7. Records MMRV Vaccine administration route with data validation checking

Test Step Type: SUT MANUAL

The provider records the vaccine administration route in the EMR and is prevented from incorrectly documenting vaccine route

Test Story

| |
|---|
| Description |
| The nurse documents administration route for the MMRV vaccine ??? Is prevented from documenting "oral" for MMRV vaccine |
| Comments |
| This step covers data quality checking as an informative aspect of vaccine administration |
| Pre Condition |
| Order is placed for MMRV vaccine. |
| Post Condition |
| The MMRV vaccination route has failed to be recorded as 'oral' in the EMR. |
| Test Objectives |
| Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size. |
| Sample of data quality checking for vaccine route. |
| Evaluation Criteria |
| The EMR prevents the user for entering 'Oral' as a route for the MMRV vaccine. |
| Notes for Testers |
| No Note |

2.2.8. Record MMRV Vaccine administration

Test Step Type: SUT_MANUAL

The provider documents in the EMR all attributes associated with the new vaccine administration.

Test Story

Description

The nurse administers the MMRV vaccine
??? Documents all required information for each vaccine

Comments

No Comments

Pre Condition

Order is placed for MMRV vaccine.

Post Condition

The MMRV vaccination is recorded in the EMR.

Test Objectives

Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Evaluation Criteria

EMR Records the following vaccine administration information:

| | |
|--------------------------------------|---|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Order Value/Text for Vaccine Type | measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00) |
| Date/Time Vaccine was recorded | Current Date |
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Date/Time of Start of Administration | Current Date |
| Vaccine Administered | measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00) |
| Administered Amount (of Vaccine) | 0.5 |
| Administered Units (of Measure) | mL |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 |
| Lot Number | 7W87V3687 |
| Substance Expiration Date | 7/15/2015 |
| Substance Manufacturer Name | Merck Sharp & Dohme Corp (MVX MSD) |
| Completion Status | CP |
| Route of Administration | Subcutaneous (NCIT C38299, HL70162: SC) |
| Administration Site | Left Deltoid (HL70162 LD) |
| VFC Eligibility | No |

Notes for Testers

No Note

2.3. Juana Mariana Gonzales Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Juana Mariana Gonzales.

Test Story

Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS.

Comments

The Report must include all newly administered vaccines in any order. the report may also include the corrected information where the EMR has different information than the IIS, and may also include the information imported from the IIS.

Pre Condition

The vaccines for the visit have been administered.

Post Condition

The IIS has received the vaccine information (Z22 message).

Test Objectives

Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

Identify Adverse Event: The EHR or other clinical software system enables capture of structured data regarding adverse events.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

2.3.1. Transmit the immunization report for Juana Mariana Gonzales

Test Step Type: SUT_INITIATOR

The EMR send the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes all newly administered vaccines and may include historical information updated in the EMR during the visit.

Test Story

Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS.

Comments

The Report must include all newly administered vaccines in any order. the report may also include the corrected information where the EMR has different information than the IIS, and may also include the information imported from the IIS.

Pre Condition

The vaccines for the visit have been administered.

Post Condition

The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.

Test Objectives

Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

Evaluation Criteria

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|----------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | Test EHR Application | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | X68 | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NIST Test Iz Reg | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20120701082240-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | VXU | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | VXU_V04 | |
| MSH-10 | Message Control ID | NIST-IZ-001.00 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z22 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|---------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | Juana | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| PID-5.7 | Name Type Code | L | |
| PID-6 | Mother's Maiden Name | | |
| PID-6.1 | Family Name | | |
| PID-6.1.1 | Surname | Acosta | Value-Test Case Fixed |
| PID-6.7 | Name Type Code | M | Value-Test Case Fixed |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201011011105 | Value-Test Case Fixed |
| PID-8 | Administrative Sex | F | Value-Test Case Fixed |
| PID-10 | Race | | |
| PID-10.1 | Identifier | 2106-3 | Value-Test Case Fixed |
| PID-10.2 | Text | White | Value-Test Case Fixed |
| PID-10.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-11[1] | Patient Address | | |
| PID-11[1].1 | Street Address | | |
| PID-11[1].1.1 | Street or Mailing Address | 4345 Standish Way | |
| PID-11[1].2 | Other Designation | | |
| PID-11[1].3 | City | Stamford | Value-Test Case Fixed |
| PID-11[1].4 | State or Province | CT | Value-Test Case Fixed |
| PID-11[1].5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| PID-11[1].6 | Country | USA | Value-Test Case Fixed |
| PID-11[1].7 | Address Type | L | Value-Test Case Fixed |
| PID-11[2] | Patient Address | | |
| PID-11[2].1 | Street Address | | |
| PID-11[2].1.1 | Street or Mailing Address | 325 Shoreline Drive | Value-Test Case Fixed |
| PID-11[2].2 | Other Designation | | |
| PID-11[2].3 | City | Stamford | Value-Test Case Fixed |
| PID-11[2].4 | State or Province | CT | Value-Test Case Fixed |
| PID-11[2].5 | Zip or Postal Code | 06901 | Value-Test Case Fixed |
| PID-11[2].6 | Country | | |
| PID-11[2].7 | Address Type | BDL | Value-Test Case Fixed |
| PID-13 | Phone Number - Home | | |
| PID-13.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| PID-13.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| PID-13.4 | Email Address | | |
| PID-13.6 | Area/City Code | 203 | Value-Test Case Fixed |
| PID-13.7 | Local Number | 5551212 | Value-Test Case Fixed |
| PID-22 | Ethnic Group | | |
| PID-22.1 | Identifier | 2135-2 | Value-Test Case Fixed |
| PID-22.2 | Text | Hispanic or Latino | Value-Test Case Fixed |
| PID-22.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-24 | Multiple Birth Indicator | | |
| PID-25 | Birth Order | | |
| PID-29 | Patient Death Date and Time | | |
| PID-29.1 | Time | | |
| PID-30 | Patient Death Indicator | | |

PD1 : Patient Additional Demographic

| Location | Data Element | Data | Categorization |
|-----------------|---|------------------------------|-----------------------|
| PD1-11 | Publicity Code | | |
| PD1-11.1 | Identifier | 02 | |
| PD1-11.2 | Text | Reminder/Recall - any method | |
| PD1-11.3 | Name of Coding System | HL70215 | |
| PD1-12 | Protection Indicator | | |
| PD1-13 | Protection Indicator Effective Date | | |
| PD1-16 | Immunization Registry Status | A | |
| PD1-17 | Immunization Registry Status Effective Date | 20120701 | |
| PD1-18 | Publicity Code Effective Date | 20120701 | |

NK1 : Next of Kin / Associated Parties

| Location | Data Element | Data | Categorization |
|-----------|--|-------------------|-----------------------|
| NK1-1 | Set ID - NK1 | 1 | |
| NK1-2 | Name | | |
| NK1-2.1 | Family Name | | |
| NK1-2.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| NK1-2.2 | Given Name | Joanna | Value-Test Case Fixed |
| NK1-2.3 | Second and Further Given Names or Initials Thereof | Merida | Value-Test Case Fixed |
| NK1-2.7 | Name Type Code | L | Value-Test Case Fixed |
| NK1-3 | Relationship | | |
| NK1-3.1 | Identifier | GRP | Value-Test Case Fixed |
| NK1-3.2 | Text | Grandparent | Value-Test Case Fixed |
| NK1-3.3 | Name of Coding System | HL70063 | Value-Test Case Fixed |
| NK1-4 | Address | | |
| NK1-4.1 | Street Address | | |
| NK1-4.1.1 | Street or Mailing Address | 4345 Standish Way | |
| NK1-4.2 | Other Designation | | |
| NK1-4.3 | City | Stamford | Value-Test Case Fixed |
| NK1-4.4 | State or Province | CT | Value-Test Case Fixed |
| NK1-4.5 | Zip or Postal Code | 06901 | Value-Test Case Fixed |
| NK1-4.6 | Country | | |
| NK1-4.7 | Address Type | L | |
| NK1-5 | Phone Number | | |
| NK1-5.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| NK1-5.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| NK1-5.4 | Email Address | | |
| NK1-5.6 | Area/City Code | 203 | Value-Test Case Fixed |
| NK1-5.7 | Local Number | 5551212 | Value-Test Case Fixed |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Sirtis | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Lisa | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Carter | |
| ORC-12.3 | Given Name | Jane | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Hospital | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Ricci | |
| ORC-12.3 | Given Name | Gina | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | F | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101101 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Sirtis | |
| RXA-10.3 | Given Name | Lisa | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6332FK33 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111214 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101220 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 45 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, unspecified formulation | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical Immunization | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6352FK1 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111214 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | Value-Test Case Fixed |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110520 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6352FK24 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120831 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 107 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2341 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2433 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110904 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS3255 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111201 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS249 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120301 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141120 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 02 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from other provider | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Casera | |
| RXA-10.3 | Given Name | Linda | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D643QS8243 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141201 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | Value-Test Case Fixed |
| RXA-17.2 | Text | Sanofi Pasteur Inc | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M54K9245 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110324 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M55K3342 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111030 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M75K4566 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110523 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111121 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M53K5534 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120222 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV2431 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111004 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV4344 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120323 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 02 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from other provider | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Casera | |
| RXA-10.3 | Given Name | Linda | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D335PV9644 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130222 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-18.2 | Text | Parental decision | Presence-Content Indifferent |
| RXA-18.3 | Name of Coding System | NIP002 | Value-Test Case Fixed |
| RXA-20 | Completion Status | RE | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110121 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P243V3281 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P343V8321 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110330 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V2164 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110830 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120111 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V58532 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120418 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV533 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV932 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110510 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110925 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8734 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120312 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111029 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8734 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120312 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121002 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D9334IN9333 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130522 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20131104 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from parents written record | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Ricci | |
| RXA-10.3 | Given Name | Gina | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 8L4B3423 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20140430 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MED | |
| RXA-17.2 | Text | MedImmune, LLC | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141015 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 149 | Value-Test Case Fixed |
| RXA-5.2 | Text | influenza, live, intranasal, quadrivalent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D9553IN2243 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120430 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | Value-Test Case Fixed |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 149 | Value-Test Case Fixed |
| RXA-5.2 | Text | influenza, live, intranasal, quadrivalent | Value-Test Case Fixed |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.2 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | New immunization record | Value-Test Case Fixed |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 8L4B3521 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20160815 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MED | Value-Test Case Fixed |
| RXA-17.2 | Text | MedImmune,LLC | Value-Test Case Fixed |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111123 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT33 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120104 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120523 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT48 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120911 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110822 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | historical | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0853CC | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0854FF | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130413 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151015 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | historical | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0934GG | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121215 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | Value-Test Case Fixed |
| RXA-5.2 | Text | varicella | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 2341BB | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20131201 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | Value-Test Case Fixed |
| RXA-5.2 | Text | varicella | Value-Test Case Fixed |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.5 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | New immunization record | Value-Test Case Fixed |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 3452DD | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161201 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | Value-Test Case Fixed |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXR[*]
RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | Value-Test Case Fixed |
| RXR-1.2 | Text | IM | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | Value-Test Case Fixed |
| RXR-2.2 | Text | Right Thigh | Presence-Content Indifferent |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | |
| RXR-1.2 | Text | Nasal | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | Value-Test Case Fixed |
| RXR-1.2 | Text | Nasal | Presence-Content Indifferent |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|-----------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | Value-Test Case Fixed |
| RXR-1.2 | Text | Nasal | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|-----------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | Value-Test Case Fixed |
| RXR-1.2 | Text | Subcutaneous | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | Value-Test Case Fixed |
| RXR-2.2 | Text | Right Deltoid | Value-Test Case Fixed |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 31044-1 | Value-Test Case Fixed |
| OBX-3.2 | Text | Reaction | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC12 | Indifferent |
| OBX-5.2 | Text | fever of >40.5C (105F) within 48 hours of dose | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100522 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Publication Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20140819 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Presentation Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | Value-Test Case Fixed |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | Value-Test Case Fixed |
| OBX-5.2 | Text | varicella | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | Value-Test Case Fixed |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | Date vaccine information statement published | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20080313 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | Indifferent |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|------------------------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | Date vaccine information statement presented | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

Test Data Specification

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Juana Mariana Gonzales |
| Mother's Maiden Name | Maria Acosta |
| ID Number | 123456 987633 |
| Date/Time of Birth | 11/01/2010 11:05 |
| Administrative Sex | Female |
| Patient Address 1 | 4345 Standish Way Stamford CT 06903 USA |
| Patient Address 2 | 325 Shoreline Drive Stamford CT 06901 |
| Local Number | (203)555-1212 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | |

Immunization Registry Information

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 07/01/2012 |
| Publicity Code | Reminder/Recall - any method |
| Publicity Code Effective Date | 07/01/2012 |
| Protection Indicator | |
| Protection Indicator Effective Date | |

Guardian or Responsible Party

| Element | Data |
|--------------|-------------------------------------|
| Name | Joanna Merida Gonzales |
| Relationship | Grandparent |
| Address | 4345 Standish Way Stamford CT 06901 |
| Phone Number | (203)555-1212 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |
| Date/Time Start of Administration | 11/01/2010 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | Lisa Sirtis |
| Substance Lot Number | 6332FK33 |
| Substance Expiration Date | 12/14/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Hospital |
| Entered By | Lisa Sirtis |
| Ordered By | Jane Carter |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | hepatitis B vaccine, unspecified formulation |
| Date/Time Start of Administration | 12/20/2010 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Immunization |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6352FK1 |
| Substance Expiration Date | 12/14/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |
| Date/Time Start of Administration | 05/20/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6352FK24 |
| Substance Expiration Date | 08/31/2012 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS2341 |
| Substance Expiration Date | 11/30/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS2433 |
| Substance Expiration Date | 09/04/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS3255 |
| Substance Expiration Date | 12/01/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

| Element | Data |
|----------|--|
| Reaction | fever of >40.5C (105F) within 48 hours of dose |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 02/21/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS249 |
| Substance Expiration Date | 03/01/2012 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 11/20/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from other provider |
| Administering Provider | Linda Casera |
| Substance Lot Number | D643QS8243 |
| Substance Expiration Date | 12/01/2014 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | J Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M54K9245 |
| Substance Expiration Date | 03/24/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M55K3342 |
| Substance Expiration Date | 10/30/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M75K4566 |
| Substance Expiration Date | 05/23/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 11/21/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M53K5534 |
| Substance Expiration Date | 02/22/2012 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D333PV2431 |
| Substance Expiration Date | 10/04/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D333PV4344 |
| Substance Expiration Date | 03/23/2012 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 02/21/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from other provider |
| Administering Provider | Linda Casera |
| Substance Lot Number | D335PV9644 |
| Substance Expiration Date | 02/22/2013 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | J Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | Parental decision |
| Completion Status | Refused |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 01/21/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P243V3281 |
| Substance Expiration Date | 01/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P343V8321 |
| Substance Expiration Date | 03/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P853V2164 |
| Substance Expiration Date | 08/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 01/11/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P853V58532 |
| Substance Expiration Date | 04/18/2012 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | rotavirus, live, monovalent vaccine |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RV533 |
| Substance Expiration Date | 02/15/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | rotavirus, live, monovalent vaccine |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RV932 |
| Substance Expiration Date | 05/10/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 09/25/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D8043IN8734 |
| Substance Expiration Date | 03/12/2012 |
| Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 10/29/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D8043IN8734 |
| Substance Expiration Date | 03/12/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 10/02/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D9334IN9333 |
| Substance Expiration Date | 05/22/2013 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 11/04/2013 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from parents written record |
| Administering Provider | Gina Ricci |
| Substance Lot Number | 8L4B3423 |
| Substance Expiration Date | 04/30/2014 |
| Substance Manufacturer Name | MedImmune, LLC |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Gina Ricci |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | influenza, live, intranasal, quadrivalent |
| Date/Time Start of Administration | 10/15/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D9553IN2243 |
| Substance Expiration Date | 04/30/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | influenza, live, intranasal, quadrivalent |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.2 |
| Administered Units | |
| Administration Notes | New immunization record |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 8L4B3521 |
| Substance Expiration Date | 08/15/2016 |
| Substance Manufacturer Name | MedImmune,LLC |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|--------------|
| VIS Publication Date | 08/19/2014 |
| VIS Presentation Date | 07/15/2015 |
| vaccine fund pgm elig cat | Not VFC elig |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule |
| Date/Time Start of Administration | 11/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RT33 |
| Substance Expiration Date | 01/04/2012 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule |
| Date/Time Start of Administration | 05/23/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RT48 |
| Substance Expiration Date | 09/11/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | F Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------------|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 08/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | historical |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 0853CC |
| Substance Expiration Date | 12/15/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 11/22/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 0854FF |
| Substance Expiration Date | 04/13/2013 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------------|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 10/15/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | historical |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 0934GG |
| Substance Expiration Date | 12/15/2016 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | varicella |
| Date/Time Start of Administration | 12/15/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 2341BB |
| Substance Expiration Date | 12/01/2013 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------------|
| Administered Vaccine | varicella |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | New immunization record |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 3452DD |
| Substance Expiration Date | 12/01/2016 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|--|--------------|
| vaccine fund pgm elig cat | Not VFC elig |
| vaccine type | varicella |
| Date vaccine information statement published | 03/13/2008 |
| Date vaccine information statement presented | 07/15/2015 |

2.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Test Story

| |
|---|
| Description |
| The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message. |
| Comments |
| No Comments |
| Pre Condition |
| A VXU message is generated by the EHR. |
| Post Condition |
| The ACK Z23 is received by the EHR. |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| The acknowledgement message is consumed by the system responsible for the content of the administration message without error. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|-----------------|------------------------------------|--------------------------------|-----------------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | NISTIISAPP | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | NISTIISFAC | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | NISTEHRAPP | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NISTEHRFAC | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20160224073734.034-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | ACK | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | ACK | |
| MSH-10 | Message Control ID | NIST-IZ-AD-1.2_Receive_ACK_Z23 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z23 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | NISTIISFAC | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | NISTEHRFAC | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|-----------------|---------------------|-----------------------------|-----------------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | NIST-IZ-AD-1.1_Send_V04_Z22 | |

Test Data Specification

Patient Information

| Element | Data |
|---|-------------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|------|------|
| Test Case ID | | |
| Juror ID | | |
| Juror Name | | |
| HIT System Tested | | |
| Inspection Date/Time | | |
| Inspection Settlement (Pass/Fail) | Pass | Fail |
| Reason Failed | | |
| Juror Comments | | |

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 |
| 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. | | |

2.3.3. Record an adverse reaction

Test Step Type: SUT MANUAL

The Provider records in the EMR an adverse reaction of persistent, inconsolable crying lasting > 3 hours within 48 hours of dose.

Test Story

| |
|--|
| Description |
| Following the vaccine administration, the patient's mother reports that the patient that evening had persistent, inconsolable crying lasting > 3 hours. |
| Comments |
| No Comments |
| Pre Condition |
| The vaccinations for the visit have been administered. |
| Post Condition |
| The adverse reaction to the MMRV of persistent, inconsolable crying lasting > 3 hours within 48 hours of dose is recorded in the EMR. |
| Test Objectives |
| <i>Identify Adverse Event:</i> The EHR or other clinical software system enables capture of structured data regarding adverse events. |
| Evaluation Criteria |
| Verify that vendor can record the adverse reaction of persistent, inconsolable crying lasting > 3 hours within 48 hours of dose correctly and without omission |
| Notes for Testers |
| No Note |

2.3.4. Transmit the updated vaccination report with adverse reaction to the registry

Test Step Type: SUT_INITIATOR

The EMR generates a Z22 Send Unsolicited Immunization Update Using a VXU correctly and without omission according to supplied test data.

Test Story

| |
|---|
| Description |
| The adverse reaction to the MMRV of persistent, inconsolable crying lasting > 3 hours within 48 hours of dose is reported to the Immunization Registry using a Z22/VXU message. |
| Comments |
| No Comments |
| Pre Condition |
| An adverse reaction to the MMRV of persistent, inconsolable crying lasting > 3 hours within 48 hours of dose is recorded in the EMR. |
| Post Condition |
| The adverse reaction has been transmitted to the IIS. |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|----------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | Test EHR Application | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | X68 | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NIST Test Iz Reg | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20120701082240-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | VXU | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | VXU_V04 | |
| MSH-10 | Message Control ID | NIST-IZ-001.00 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z22 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|---------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | Juana | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Mariana | |
| PID-5.7 | Name Type Code | L | |
| PID-6 | Mother's Maiden Name | | |
| PID-6.1 | Family Name | | |
| PID-6.1.1 | Surname | Acosta | Value-Test Case Fixed |
| PID-6.7 | Name Type Code | M | Value-Test Case Fixed |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201011011105 | Value-Test Case Fixed |
| PID-8 | Administrative Sex | F | Value-Test Case Fixed |
| PID-10 | Race | | |
| PID-10.1 | Identifier | 2106-3 | Value-Test Case Fixed |
| PID-10.2 | Text | White | Value-Test Case Fixed |
| PID-10.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-11[1] | Patient Address | | |
| PID-11[1].1 | Street Address | | |
| PID-11[1].1.1 | Street or Mailing Address | 4345 Standish Way | |
| PID-11[1].2 | Other Designation | | |
| PID-11[1].3 | City | Stamford | Value-Test Case Fixed |
| PID-11[1].4 | State or Province | CT | Value-Test Case Fixed |
| PID-11[1].5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| PID-11[1].6 | Country | USA | Value-Test Case Fixed |
| PID-11[1].7 | Address Type | L | Value-Test Case Fixed |
| PID-11[2] | Patient Address | | |
| PID-11[2].1 | Street Address | | |
| PID-11[2].1.1 | Street or Mailing Address | 325 Shoreline Drive | Value-Test Case Fixed |
| PID-11[2].2 | Other Designation | | |
| PID-11[2].3 | City | Stamford | Value-Test Case Fixed |
| PID-11[2].4 | State or Province | CT | Value-Test Case Fixed |
| PID-11[2].5 | Zip or Postal Code | 06901 | Value-Test Case Fixed |
| PID-11[2].6 | Country | | |
| PID-11[2].7 | Address Type | BDL | Value-Test Case Fixed |
| PID-13 | Phone Number - Home | | |
| PID-13.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| PID-13.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| PID-13.4 | Email Address | | |
| PID-13.6 | Area/City Code | 203 | Value-Test Case Fixed |
| PID-13.7 | Local Number | 5551212 | Value-Test Case Fixed |
| PID-22 | Ethnic Group | | |
| PID-22.1 | Identifier | 2135-2 | Value-Test Case Fixed |
| PID-22.2 | Text | Hispanic or Latino | Value-Test Case Fixed |
| PID-22.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-24 | Multiple Birth Indicator | | |
| PID-25 | Birth Order | | |
| PID-29 | Patient Death Date and Time | | |
| PID-29.1 | Time | | |
| PID-30 | Patient Death Indicator | | |

PD1 : Patient Additional Demographic

| Location | Data Element | Data | Categorization |
|-----------------|---|------------------------------|-----------------------|
| PD1-11 | Publicity Code | | |
| PD1-11.1 | Identifier | 02 | |
| PD1-11.2 | Text | Reminder/Recall - any method | |
| PD1-11.3 | Name of Coding System | HL70215 | |
| PD1-12 | Protection Indicator | | |
| PD1-13 | Protection Indicator Effective Date | | |
| PD1-16 | Immunization Registry Status | A | |
| PD1-17 | Immunization Registry Status Effective Date | 20120701 | |
| PD1-18 | Publicity Code Effective Date | 20120701 | |

NK1 : Next of Kin / Associated Parties

| Location | Data Element | Data | Categorization |
|-----------|--|-------------------|-----------------------|
| NK1-1 | Set ID - NK1 | 1 | |
| NK1-2 | Name | | |
| NK1-2.1 | Family Name | | |
| NK1-2.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| NK1-2.2 | Given Name | Joanna | Value-Test Case Fixed |
| NK1-2.3 | Second and Further Given Names or Initials Thereof | Merida | Value-Test Case Fixed |
| NK1-2.7 | Name Type Code | L | Value-Test Case Fixed |
| NK1-3 | Relationship | | |
| NK1-3.1 | Identifier | GRP | Value-Test Case Fixed |
| NK1-3.2 | Text | Grandparent | Value-Test Case Fixed |
| NK1-3.3 | Name of Coding System | HL70063 | Value-Test Case Fixed |
| NK1-4 | Address | | |
| NK1-4.1 | Street Address | | |
| NK1-4.1.1 | Street or Mailing Address | 4345 Standish Way | |
| NK1-4.2 | Other Designation | | |
| NK1-4.3 | City | Stamford | Value-Test Case Fixed |
| NK1-4.4 | State or Province | CT | Value-Test Case Fixed |
| NK1-4.5 | Zip or Postal Code | 06901 | Value-Test Case Fixed |
| NK1-4.6 | Country | | |
| NK1-4.7 | Address Type | L | |
| NK1-5 | Phone Number | | |
| NK1-5.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| NK1-5.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| NK1-5.4 | Email Address | | |
| NK1-5.6 | Area/City Code | 203 | Value-Test Case Fixed |
| NK1-5.7 | Local Number | 5551212 | Value-Test Case Fixed |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Sirtis | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Lisa | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Carter | |
| ORC-12.3 | Given Name | Jane | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Hospital | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Ricci | |
| ORC-12.3 | Given Name | Gina | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | F | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | |
| ORC-10.3 | Given Name | Sandra | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | |
| ORC-12.3 | Given Name | Frank | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | |
| ORC-10.3 | Given Name | J | |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Herrera | |
| ORC-12.3 | Given Name | Carlos | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | |
| ORC-17.2 | Text | Oceanview Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101101 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Sirtis | |
| RXA-10.3 | Given Name | Lisa | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6332FK33 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111214 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20101220 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 45 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, unspecified formulation | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical Immunization | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6352FK1 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111214 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | Value-Test Case Fixed |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110520 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6352FK24 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120831 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 107 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2341 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2433 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110904 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS3255 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111201 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS249 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120301 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141120 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 02 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from other provider | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Casera | |
| RXA-10.3 | Given Name | Linda | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D643QS8243 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141201 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | Value-Test Case Fixed |
| RXA-17.2 | Text | Sanofi Pasteur Inc | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M54K9245 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110324 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M55K3342 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111030 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M75K4566 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110523 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111121 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Haemophilus influenzae type b vaccine, PRP-OMP conjugate | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M53K5534 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120222 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp & Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV2431 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111004 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV4344 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120323 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120221 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 02 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from other provider | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Casera | |
| RXA-10.3 | Given Name | Linda | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D335PV9644 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130222 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | poliovirus vaccine, inactivated | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-18.2 | Text | Parental decision | Presence-Content Indifferent |
| RXA-18.3 | Name of Coding System | NIP002 | Value-Test Case Fixed |
| RXA-20 | Completion Status | RE | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110121 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P243V3281 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P343V8321 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110330 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110522 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V2164 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110830 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120111 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | pneumococcal conjugate vaccine, 13 valent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V58532 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120418 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV533 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110323 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | rotavirus, live, monovalent vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV932 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20110510 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110925 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8734 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120312 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111029 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8734 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120312 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121002 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D9334IN9333 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130522 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20131104 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza, injectable, quadrivalent, preservative free, pediatric | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from parents written record | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Ricci | |
| RXA-10.3 | Given Name | Gina | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 8L4B3423 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20140430 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MED | |
| RXA-17.2 | Text | MedImmune, LLC | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141015 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 149 | Value-Test Case Fixed |
| RXA-5.2 | Text | influenza, live, intranasal, quadrivalent | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D9553IN2243 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120430 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | Value-Test Case Fixed |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 149 | Value-Test Case Fixed |
| RXA-5.2 | Text | influenza, live, intranasal, quadrivalent | Value-Test Case Fixed |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.2 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | New immunization record | Value-Test Case Fixed |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 8L4B3521 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20160815 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MED | Value-Test Case Fixed |
| RXA-17.2 | Text | MedImmune,LLC | Value-Test Case Fixed |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20111123 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT33 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120104 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20120523 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT48 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20120911 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi PasteurGlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20110822 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | historical | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0853CC | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20111215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141122 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0854FF | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20130413 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---------------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151015 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 03 | Value-Test Case Fixed |
| RXA-5.2 | Text | measles, mumps, rubella virus vaccine | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 01 | Value-Test Case Fixed |
| RXA-9.2 | Text | historical | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | |
| RXA-10.3 | Given Name | Sandra | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 0934GG | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20121215 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | Value-Test Case Fixed |
| RXA-5.2 | Text | varicella | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | Historical information - from public agency | Presence-Content Indifferent |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 2341BB | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20131201 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 21 | Value-Test Case Fixed |
| RXA-5.2 | Text | varicella | Value-Test Case Fixed |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.5 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | New immunization record | Value-Test Case Fixed |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 3452DD | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161201 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | Value-Test Case Fixed |
| RXA-17.2 | Text | Merck Sharp \T\ Dohme Corp | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXR[*]
RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | Value-Test Case Fixed |
| RXR-1.2 | Text | IM | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | Value-Test Case Fixed |
| RXR-2.2 | Text | Right Thigh | Presence-Content Indifferent |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | |
| RXR-1.2 | Text | Nasal | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | Value-Test Case Fixed |
| RXR-1.2 | Text | Nasal | Presence-Content Indifferent |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------|-----------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38284 | Value-Test Case Fixed |
| RXR-1.2 | Text | Nasal | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | | |
| RXR-2.2 | Text | | |
| RXR-2.3 | Name of Coding System | | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | |
| RXR-1.2 | Text | Subcutaneous | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|-----------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C38299 | Value-Test Case Fixed |
| RXR-1.2 | Text | Subcutaneous | Value-Test Case Fixed |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | Value-Test Case Fixed |
| RXR-2.2 | Text | Right Deltoid | Value-Test Case Fixed |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 31044-1 | Value-Test Case Fixed |
| OBX-3.2 | Text | Reaction | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC12 | Indifferent |
| OBX-5.2 | Text | fever of >40.5C (105F) within 48 hours of dose | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20100522 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Publication Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20140819 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Presentation Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | Value-Test Case Fixed |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | Value-Test Case Fixed |
| OBX-5.2 | Text | varicella | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | Value-Test Case Fixed |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | Date vaccine information statement published | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20080313 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | Indifferent |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|------------------------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | Date vaccine information statement presented | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|-----------------|------------------------------|--|------------------------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 31044-1 | Value-Test Case Fixed |
| OBX-3.2 | Text | Reaction | Value-Test Case Fixed |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC9 | |
| OBX-5.2 | Text | persistent, inconsolable crying lasting > 3 hours within 48 hours of dose | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

Test Data Specification**Patient Information**

| Element | Data |
|--------------------------|---|
| Patient Name | Juana Mariana Gonzales |
| Mother's Maiden Name | Maria Acosta |
| ID Number | 123456 987633 |
| Date/Time of Birth | 11/01/2010 11:05 |
| Administrative Sex | Female |
| Patient Address 1 | 4345 Standish Way Stamford CT 06903 USA |
| Patient Address 2 | 325 Shorline Drive Stamford CT 06901 |
| Local Number | (203)555-1212 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | |

Immunization Registry Information

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 07/01/2012 |
| Publicity Code | Reminder/Recall - any method |
| Publicity Code Effective Date | 07/01/2012 |
| Protection Indicator | |
| Protection Indicator Effective Date | |

Guardian or Responsible Party

| Element | Data |
|----------------|-------------------------------------|
| Name | Joanna Merida Gonzales |
| Relationship | Grandparent |
| Address | 4345 Standish Way Stamford CT 06901 |
| Phone Number | (203)555-1212 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |
| Date/Time Start of Administration | 11/01/2010 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | Lisa Sirtis |
| Substance Lot Number | 6332FK33 |
| Substance Expiration Date | 12/14/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Hospital |
| Entered By | Lisa Sirtis |
| Ordered By | Jane Carter |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | hepatitis B vaccine, unspecified formulation |
| Date/Time Start of Administration | 12/20/2010 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Immunization |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6352FK1 |
| Substance Expiration Date | 12/14/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |
| Date/Time Start of Administration | 05/20/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6352FK24 |
| Substance Expiration Date | 08/31/2012 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS2341 |
| Substance Expiration Date | 11/30/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS2433 |
| Substance Expiration Date | 09/04/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS3255 |
| Substance Expiration Date | 12/01/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

| Element | Data |
|----------|--|
| Reaction | fever of >40.5C (105F) within 48 hours of dose |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 02/21/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D409QS249 |
| Substance Expiration Date | 03/01/2012 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis |
| Date/Time Start of Administration | 11/20/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from other provider |
| Administering Provider | Linda Casera |
| Substance Lot Number | D643QS8243 |
| Substance Expiration Date | 12/01/2014 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | J Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M54K9245 |
| Substance Expiration Date | 03/24/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M55K3342 |
| Substance Expiration Date | 10/30/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M75K4566 |
| Substance Expiration Date | 05/23/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Haemophilus influenzae type b vaccine, PRP-OMP conjugate |
| Date/Time Start of Administration | 11/21/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 7M53K5534 |
| Substance Expiration Date | 02/22/2012 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D333PV2431 |
| Substance Expiration Date | 10/04/2011 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D333PV4344 |
| Substance Expiration Date | 03/23/2012 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 02/21/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from other provider |
| Administering Provider | Linda Casera |
| Substance Lot Number | D335PV9644 |
| Substance Expiration Date | 02/22/2013 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | J Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------|
| Administered Vaccine | poliovirus vaccine, inactivated |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | Parental decision |
| Completion Status | Refused |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 01/21/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P243V3281 |
| Substance Expiration Date | 01/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P343V8321 |
| Substance Expiration Date | 03/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 05/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P853V2164 |
| Substance Expiration Date | 08/30/2011 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | pneumococcal conjugate vaccine, 13 valent |
| Date/Time Start of Administration | 01/11/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | P853V58532 |
| Substance Expiration Date | 04/18/2012 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | rotavirus, live, monovalent vaccine |
| Date/Time Start of Administration | 01/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RV533 |
| Substance Expiration Date | 02/15/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | rotavirus, live, monovalent vaccine |
| Date/Time Start of Administration | 03/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RV932 |
| Substance Expiration Date | 05/10/2011 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 09/25/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D8043IN8734 |
| Substance Expiration Date | 03/12/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 10/29/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D8043IN8734 |
| Substance Expiration Date | 03/12/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 10/02/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D9334IN9333 |
| Substance Expiration Date | 05/22/2013 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | Influenza, injectable,quadrivalent, preservative free, pediatric |
| Date/Time Start of Administration | 11/04/2013 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from parents written record |
| Administering Provider | Gina Ricci |
| Substance Lot Number | 8L4B3423 |
| Substance Expiration Date | 04/30/2014 |
| Substance Manufacturer Name | MedImmune, LLC |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Gina Ricci |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | influenza, live, intranasal, quadrivalent |
| Date/Time Start of Administration | 10/15/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | D9553IN2243 |
| Substance Expiration Date | 04/30/2012 |
| Substance Manufacturer Name | Sanofi PasteurGlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | influenza, live, intranasal, quadrivalent |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.2 |
| Administered Units | |
| Administration Notes | New immunization record |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 8L4B3521 |
| Substance Expiration Date | 08/15/2016 |
| Substance Manufacturer Name | MedImmune,LLC |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Nasal |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|--------------|
| VIS Publication Date | 08/19/2014 |
| VIS Presentation Date | 07/15/2015 |
| vaccine fund pgm elig cat | Not VFC elig |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule |
| Date/Time Start of Administration | 11/23/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RT33 |
| Substance Expiration Date | 01/04/2012 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule |
| Date/Time Start of Administration | 05/23/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 6359RT48 |
| Substance Expiration Date | 09/11/2012 |
| Substance Manufacturer Name | Sanofi Pasteur/GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | F Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------------|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 08/22/2011 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | historical |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 0853CC |
| Substance Expiration Date | 12/15/2011 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 11/22/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 0854FF |
| Substance Expiration Date | 04/13/2013 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------------------|
| Administered Vaccine | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration | 10/15/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | historical |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 0934GG |
| Substance Expiration Date | 12/15/2016 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | varicella |
| Date/Time Start of Administration | 12/15/2012 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical information - from public agency |
| Administering Provider | J Martinez |
| Substance Lot Number | 2341BB |
| Substance Expiration Date | 12/01/2013 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J Martinez |
| Ordered By | Carlos Herrera |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------------|
| Administered Vaccine | varicella |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | New immunization record |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 3452DD |
| Substance Expiration Date | 12/01/2016 |
| Substance Manufacturer Name | Merck Sharp \T\ Dohme Corp |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|--|---|
| vaccine fund pgm elig cat | Not VFC elig |
| Reaction | persistent, inconsolable crying lasting > 3 hours within 48 hours of dose |
| vaccine type | varicella |
| Date vaccine information statement published | 03/13/2008 |
| Date vaccine information statement presented | 07/15/2015 |

2.3.5. Receive ACK Z23 from Immunization Registry for Updated Transmission

Test Step Type: TA_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Test Story

| |
|--|
| Description |
| The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message. |
| Comments |
| No Comments |
| Pre Condition |
| A VXU message is generated by the EHR. |
| Post Condition |
| The ACK Z23 is received by the EHR. |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries |
| Evaluation Criteria |
| The acknowledgement message is consumed by the system responsible for the content of the administration message without error. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|-----------------|------------------------------------|--------------------------------|-----------------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | NISTIISAPP | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | NISTIISFAC | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | NISTEHRAPP | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NISTEHRFAC | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20160224073734.034-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | ACK | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | ACK | |
| MSH-10 | Message Control ID | NIST-IZ-AD-1.2_Receive_ACK_Z23 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z23 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | NISTIISFAC | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | NISTEHRFAC | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|-----------------|---------------------|-----------------------------|-----------------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | NIST-IZ-AD-1.1_Send_V04_Z22 | |

Test Data Specification

Patient Information

| Element | Data |
|---|-------------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|------|------|
| Test Case ID | | |
| Juror ID | | |
| Juror Name | | |
| HIT System Tested | | |
| Inspection Date/Time | | |
| Inspection Settlement (Pass/Fail) | Pass | Fail |
| Reason Failed | | |
| Juror Comments | | |

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 |
| 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. | | |

2.4. Juana Mariana Gonzales Display Immunization Report

Produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Test Story

| |
|--|
| Description |
| Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.) |
| Comments |
| No Comments |
| Pre Condition |
| Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered. |
| Post Condition |
| The patient/parent has been provided a patient immunization history report. |
| Test Objectives |
| <i>Produce Standard Patient Immunization History Report:</i> The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers. |
| <i>Produce Immunization Forecast Report:</i> The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

2.4.1. Produce an immunization report for Juana Mariana Gonzales including all history

Test Step Type: SUT_MANUAL

The EMR is used to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

Test Story

Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

Post Condition

The patient/parent has been provided a patient immunization history report.

Test Objectives

Produce Standard Patient Immunization History Report: The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

Produce Immunization Forecast Report: The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

Evaluation Criteria

The following patient demographics are displayed:

Patient Identifier Number: **Vendor Assigned**

Patient Identifier Type Code: **Vendor Assigned**

Patient Name: **Juana Mariana Gonzales**

Date/Time of Birth: **11/01/2010 11:05am**

Sex: **Female**

Patient Address: **4345 Standish Way, Stamford, CT, 06903**

Multiple Birth: **N**

Birth Order: **NA**

The following Vaccination History is displayed:

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: **11/01/2010**

Additional Observations: None

Dose #: 1

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Jane Carter

Entered By: Lisa Sirtis

Entering Organization: Shoreline Hospital

Administered Amt: .05 mL

Administering Provider: Jane Carter

Administered at Location: 325 Shorline Drive,

Stamford Connecticut 06901

Lot#: 6332FK33

Exp Date: **12/14/2011**

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: **12/20/2010**

Additional Observations: None

Dose #: 2

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Frank Smith

Entered By: Sandra Molina

Entering Organization: Shoreline Pediatrics

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 400 Shorline Drive,

Stamford Connecticut 06901

Lot#: 6352FK1

Exp Date: **12/14/2011**

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: **05/20/2011**

Additional Observations: None

Dose #: 3

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6352FK24
Exp Date: 8/31/2012
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 1/22/2011
Additional Observations: None
Dose #: 1
Doses in Series: 5
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D409QS2341
Exp Date: 11/30/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 3/23/2011
Additional Observations: 31044-1 Reaction, VXC12^fever of >40.5C (105F) within 48 hours of dose
Dose #: 2
Doses in Series: 5
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D409QS2433
Exp Date: 9/4/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 5/22/2011
Additional Observations:
Dose #: 3
Doses in Series: 5
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D409QS3255
Exp Date: 12/1/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 2/21/2012
Additional Observations:
Dose #: 4
Doses in Series: 5
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D409QS249
Exp Date: 3/1/2012
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 11/30/2014
Additional Observations:
Dose #: 5
Doses in Series: 5
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: Sandra Molina
Entering Organization: Shoreline Pediatrics
Administered Amt: .05 mL
Administering Provider: Linda Casera
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D643QS8243
Exp Date: 12/01/2014
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)

Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 1/21/2011
Additional Observations:
Dose #: 1

Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 7M54K9245
Exp Date: 3/24/2011
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 3/23/2011
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 7M55K3342
Exp Date: 10/30/2011
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 5/22/2011
Additional Observations:
Dose #: 3
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 7M75K4566
Exp Date: 5/23/2011
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 11/21/2011
Additional Observations:
Dose #: 4
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 7M53K5534
Exp Date: 2/22/2012
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)
Date Administered: 1/22/2011
Additional Observations:
Dose #: 1
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D333PV2431
Exp Date: 10/4/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)
Date Administered: 3/23/2011
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D333PV4344
Exp Date: 3/23/2012
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)
Date Administered: 2/21/2012
Additional Observations:
Dose #: 3
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D335PV9644
Exp Date: 2/22/2013
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)

Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 1/22/2010
Additional Observations:
Dose #: 1
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: P243V3281
Exp Date: 1/30/2010
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 3/23/2010
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: P343V8321
Exp Date: 3/30/2010
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 5/22/2010
Additional Observations:
Dose #: 3
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: P853V2164
Exp Date: 8/30/2010
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 2/21/2011
Additional Observations:
Dose #: 4
Doses in Series: 4
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: P853V58532
Exp Date: 4/18/2011
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: rotavirus, unspecified formulation
Administered: rotavirus, live, monovalent vaccine (CVX 119)
ROTARIX (NDC 58160-0854-52)"
Date Administered: 1/22/2010
Additional Observations:
Dose #: 1
Doses in Series: 3
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics
Administered Amt: 1 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 6359RV533
Exp Date: 2/15/2010
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: rotavirus, unspecified formulation
Administered: rotavirus, live, monovalent vaccine (CVX 119)
ROTARIX (NDC 58160-0854-52)"
Date Administered: 3/23/2010
Additional Observations:
Dose #: 2
Doses in Series: 3
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: 1 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 6359RV932
Exp Date: 5/10/2011
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 9/25/2010
Additional Observations:
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D8043IN8734
Exp Date: 3/12/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 10/27/2010
Additional Observations:
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D8043IN8734
Exp Date: 3/12/2011
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 10/2/2011
Additional Observations:
Dose #:
Doses in Series:
Valid Dose:
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D9334IN9333
Exp Date: 5/22/2012
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 11/4/2012
Additional Observations:
Dose #:
Doses in Series:
Valid Dose:
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: D9553IN2243
Exp Date: 4/30/2012
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: influenza, unspecified formulation
Administered: influenza, live, intranasal, quadrivalent (CVX 149)
FluMist Quadrivalent (NDC 66019-0301-10)"

Date Administered: Current Date
Additional Observations:
Dose #:
Doses in Series:
Valid Dose:
Ordering Provider: Sandra Molina
Entered By: Frank Smith
Entering Organization: Oceanview Pediatrics
Administered Amt: .2 mL
Administering Provider: Sandra Molina
Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901
Lot#: 8L4B3521
Exp Date: 7/15/2015
Manufacturer: MedImmune,LLC (MVX MED)
Route: Nasal (NCIT C38284), Nasal (HL70162 NS)
Site:
Vaccine Group: Hep A, unspecified formulation
Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83)
HAVRIX (NDC 58160-0825-52)"
Date Administered: 11/23/2011
Additional Observations:
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 6359RT33
Exp Date: 1/4/2012
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Deltoid (HL7 RD)
Vaccine Group: Hep A, unspecified formulation
Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83)
HAVRIX (NDC 58160-0825-52)"
Date Administered: 5/23/2012
Additional Observations:
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 6359RT48
Exp Date: 9/11/2012
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: MMR
Administered: measles, mumps, rubella virus vaccine (CVX 03)
MMR II (NDC 0006-4681-00)"
Date Administered: 08/22/2011
Additional Observations:
Dose #:
Doses in Series: 2
Valid Dose: N
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 0853CC
Exp Date: 12/15/2011
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Thigh (HL7 LT)
Vaccine Group: MMR
Administered: measles, mumps, rubella virus vaccine (CVX 03)
MMR II (0006-4681-00)"
Date Administered: 11/22/2014
Additional Observations:
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Carlos Herrera
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 0854FF
Exp Date: 4/13/2015
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: MMR
Administered: measles, mumps, rubella virus vaccine (CVX 03)
MMR II (NDC 0006-4681-00)"
Date Administered: 14 days PRIOR to day of TEST
Additional Observations: Reaction (LOINC 31044-1)/fever of >40.5C (105F) within 48 hours of dose (CDCPHINVS VXC12)
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: Sandra Molina
Entered By: Frank Smith
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: Sandra Molina
Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901
Lot#: 0934GG

Exp Date: 10/15/2016
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: Varicella
Administered: Varicella vaccine (CVX 21)
VarivaxI (NDC 0006-4827-00)"
Date Administered: 12/15/2012
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Martinez
Entered By: Carlos Herrera
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 2341BB
Exp Date: 12/1/2013
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: Varicella
Administered: Varicella vaccine (CVX 21)
VarivaxI (NDC 0006-4827-00)"
Date Administered: Date of Test
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Martinez
Entered By: Carlos Herrera
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901
Lot#: 3452DD
Exp Date: 12/1/2016
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Right Deltoid (HL7 RD)The Following Vaccine Forecast is displayed:
Vaccine Group: IPV
Due Date: 11/22/2013
Earliest Date to Give: 11/22/2013
Latest Date to Give: 11/22/2015
Overdue Date: 11/23/2015
Immunization Schedule: ACIP
Vaccine Group: influenza, unspecified formulation
Due Date: 10/21/2016
Earliest Date to Give: 9/1/2016
Latest Date to Give: 2/29/2017
Overdue Date: 3/1/3027
Immunization Schedule: ACIP

Notes for Testers

No Note

3. Juan Marcel Gonzales Visit

Juan Marcel Gonzales visits the provider where his immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

3.1. Query the Registry for Juan Marcel Gonzales

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juan Marcel Gonzales.

Test Story

| |
|---|
| Description The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juan Marcel Gonzales. Querying the registry will consist of the vendor creating Z44 messages for Juana Marcel Gonzales to be sent to the registry. Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry, and create a new forecast after reconciling the information. Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load. |
| Comments No Comments |
| Pre Condition Juan Marcel Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juan Marcel Gonzales Initial Data Load' |
| Post Condition A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned. |
| Test Objectives Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry. Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5). 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. View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast. View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service. Review Patient Immunization History: To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.). Support for: Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required. |
| Evaluation Criteria Evaluation criteria is defined within each test step. |
| Notes for Testers No Note |

3.1.1. Select Patient Juan Marcel Gonzales

Test Step Type: SUT_MANUAL

Select patient Juan Marcel Gonzales, distinguishing the patient from other patients with similar demographics (similar names).

Test Story

| |
|---|
| Description Juan Marcel Gonzales is selected as the patient and his record is opened in the EMR. |
| Comments No Comments |
| Pre Condition Juan Marcel Gonzales Initial Data Load completed. |
| Post Condition Juan Marcel Gonzales is the active working patient in the EMR. |
| Test Objectives Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry. |
| Evaluation Criteria Tester shall verify that the product can distinguish Juan Marcel Gonzales from similar sounding names using all of the pediatric demographics: <ul style="list-style-type: none">• Patient ID (previously listed as "Medicaid Number") - Vendor supplied• Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name - Shoreline Pediatrics• Patient ID: Type (e.g., medical record number, IIS ID) - Vendor supplied• Patient Name: First - Juan• Patient Name: Middle - Marcel• Patient Name: Last - Gonzales• Patient Date of Birth - 03/04/2014• Birth Time - 11:00• Patient Gender (Administrative Sex) - M• Patient Multiple Birth Indicator - No• Patient Birth Order - NA• Responsible Person Name: First - Manuel• Responsible Person Name: Middle - Marcel• Responsible Person Name: Last - Gonzales• Responsible Person Name: Relationship to Patient - Father• Mother's Name: First - Anita• Mother's Name: Middle - Francesca• Mother's Name: Last - Gonzales• Mother's Name: Maiden Last - Morales• Patient Address: Street - 4623 Standish Way• Patient Address: City - Stamford• Patient Address: State - CT• Patient Address: Country - US• Patient Address: Zipcode - 06903• Patient Address: County of Residence - Fairfield• Race - White• Ethnicity - Hispanic or Latino• Birthing Facility Name (Birth Delivery Location Address BDL) - Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901• Patient Birth State - CT• Patient Primary Language - English• Patient Telephone Number - (203) 555-1213• Patient Telephone Number Type (e.g., home, cell) - home• Patient E-mail Address -• Publicity Code• Protection Indicator• Protection Indicator Effective Date• Immunization Registry Status• Preferred Contact Method - Phone |
| Notes for Testers No Note |

3.1.2. Query Registry for vaccination history and forecast for Juan Marcel Gonzales

Test Step Type: SUT_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

Test Story

Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry.

Comments

Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Pre Condition

Juan Marcel Gonzales Initial Data Load is completed.

Juan Marcel Gonzales is the active working patient in the EMR.

Post Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juan Marcel Gonzales.

Test Objectives

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry “on demand” (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother’s maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) – HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Evaluation Criteria

Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission.

Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied.

Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20140515001020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | QBP | |
| MSH-9.2 | Trigger Event | Q11 | |
| MSH-9.3 | Message Structure | QBP_Q11 | |
| MSH-10 | Message Control ID | 793543 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z44 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | 123456 | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | MYEHR | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | MR | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| QPD-4.2 | Given Name | Juan | Value-Test Case Fixed |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Marcel | Value-Test Case Fixed |
| QPD-4.7 | Name Type Code | L | Value-Test Case Fixed |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Morales | Value-Test Case Fixed |
| QPD-5.7 | Name Type Code | M | Value-Test Case Fixed |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 20140304 | Value-Test Case Fixed |
| QPD-7 | Patient Sex | M | Value-Test Case Fixed |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 4623 Standish Way | Value-Test Case Fixed |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | Value-Test Case Fixed |
| QPD-8.4 | State or Province | CT | Value-Test Case Fixed |
| QPD-8.5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | Value-Test Case Fixed |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| QPD-9.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | Value-Test Case Fixed |
| QPD-9.7 | Local Number | 5551213 | Value-Test Case Fixed |
| QPD-10 | Multiple birth indicator | N | Value-Test Case Fixed |
| QPD-11 | Birth order | | |

RCP : Response Control Parameter

| Location | Data Element | Data | Categorization |
|-----------|--------------------------|---------|----------------|
| RCP-1 | Query Priority | I | |
| RCP-2 | Quantity Limited Request | | |
| RCP-2.1 | Quantity | 1 | |
| RCP-2.2 | Units | | |
| RCP-2.2.1 | Identifier | RD | |
| RCP-2.2.2 | Text | Records | |
| RCP-2.2.3 | Name of Coding System | HL70126 | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------------------------------|
| Patient Name | Juan Marcel Gonzales |
| Mother's Maiden Name | Morales |
| ID Number | 123456 |
| Date/Time of Birth | 03/04/2014 |
| Sex | Male |
| Patient Address | 4623 Standish Way Stamford CT 06903 |
| Patient Phone | (203)555-1213 |
| Birth Indicator | No |
| Birth Order | |

3.1.3. View and import response to request for vaccination history for Juan Marcel Gonzales

Test Step Type: TA_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR

Test Story

Description

The physician accesses the record for Juan Marcel Gonzales and:

??? Accepts the vaccines provided by the registry as this is a new patient and there are no prior vaccines recorded

??? Views the registry history including the second dose of Hepatitis B vaccine given late (at 2 years of age) and no history of a third dose; influenza vaccine was also not given since 2013

Comments

There is no reconciliation step as all historical data has been entered during the Initial Data Load.

Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Pre Condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

Post Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juan Marcel Gonzales)

Test Objectives

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

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

There are no immunization records to be imported into the EMR as the full history has been manually entered during the Initial Data Load.

The system under test may demonstrate any import capabilities available. These should be documented as part of this test step.

NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | AA | |
| QPD-1.2 | Text | | |
| QPD-1.3 | Name of Coding System | | |
| QPD-2 | Query Tag | 793543 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | | |
| QPD-4.2 | Given Name | | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | | |
| QPD-4.7 | Name Type Code | | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | | |
| QPD-5.7 | Name Type Code | | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | | |
| QPD-7 | Patient Sex | | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | | |
| QPD-8.4 | State or Province | | |
| QPD-8.5 | Zip or Postal Code | | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | | |
| QPD-9.3 | Telecommunication Equipment Type | | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | | |
| QPD-9.7 | Local Number | | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------|
| Patient Name | |
| Mother's Maiden Name | |
| ID Number | |
| Date/Time of Birth | |
| Sex | |
| Patient Address | |
| Patient Phone | |
| Birth Indicator | No |
| Birth Order | |

3.1.4. View the vaccination forecast for Juan Marcel Gonzales returned by the Immunization Registry

Test Step Type: TA_RESPONDER

The EMR displays the current Immunization Forecast to the user for Juan Marcel Gonzales as returned by the Immunization Registry Z42 response.

Test Story

Description

The physician accesses the record for Juan Marcel Gonzales and:

??? Views the vaccine forecast provided by the Immunization Registry

Comments

Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages and display of vaccination forecast delivered by the Immunization Registry, along with rationale for deferring or omitting support for the functionality.

Pre Condition

A Z44 query has been submitted to the Immunization Registry, a Z42 response is provided back to the EMR, and the vaccine forecast from the response is available in the EMR for viewing

Post Condition

The vaccine forecast from the Immunization Registry is available for viewing in the EMR.

Test Objectives

View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast.

Evaluation Criteria

The EMR displays the immunization forecast information returned from the Immunization Registry according to the Juror Document.

NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | AA | |
| QPD-1.2 | Text | | |
| QPD-1.3 | Name of Coding System | | |
| QPD-2 | Query Tag | 793543 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | | |
| QPD-4.2 | Given Name | | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | | |
| QPD-4.7 | Name Type Code | | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | | |
| QPD-5.7 | Name Type Code | | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | | |
| QPD-7 | Patient Sex | | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | | |
| QPD-8.4 | State or Province | | |
| QPD-8.5 | Zip or Postal Code | | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | | |
| QPD-9.3 | Telecommunication Equipment Type | | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | | |
| QPD-9.7 | Local Number | | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------|
| Patient Name | |
| Mother's Maiden Name | |
| ID Number | |
| Date/Time of Birth | |
| Sex | |
| Patient Address | |
| Patient Phone | |
| Birth Indicator | No |
| Birth Order | |

3.1.5. View the vaccination forecast for Juan Marcel Gonzales

Test Step Type: SUT MANUAL

The EMR displays the current Immunization Forecast to the user for Juan Marcel Gonzales either as returned by the IIS in prior step, or as generated thru any local means.

Test Story

Description

The physician accesses the record for Juan Marcel Gonzales and, once the vaccine history is reconciled in the EMR, the vaccine forecast is updated :

• The provider views the updated vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods)

Comments

The vaccine forecast may be imported from the Immunization Registry Vaccination History and Forecast (Z42) response, or it may be generated by EMR defined means.

Pre Condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Juan Marcel Gonzales)

Post Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

Test Objectives

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient’s newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:
2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 5/21/2012

DTaP due on 11/22/2015

IPV due on 11/22/2015

MMR due on 11/22/2015

Varicella due on 11/22/2015

Influenza, unspecified formulation due on Oct 22, 2015 or later

Notes for Testers

No Note

3.2. Juan Marcel Gonzales, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

Test Story

| |
|---|
| Description |
| This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients. |
| Comments |
| No Comments |
| Pre Condition |
| Juan Marcel Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juan Marcel Gonzales Initial Data Load' |
| Post Condition |
| Visit orders are entered in Juan Marcel Gonzales' record. |
| Test Objectives |
| Modify Antigen Recommendations Based on Active Diagnoses: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses. |
| Enter Vaccination Order: The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines. |
| Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required. |
| Notify of Vaccine Dose Expiration: The EHR or other clinical software system notifies the provider administering a vaccine if the dose chosen for administration is expired. |
| Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size. |
| Notify of Vaccine Dose Ineligibility: The EHR or other clinical software system provides a method for alerting a provider if a vaccine is selected for a patient who is not eligible for the inventory item selected. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

3.2.1. Order intranasal, live virus influenza vaccine and view asthma contraindication

Test Step Type: SUT_MANUAL

Selects to order intranasal, live virus influenza vaccine and views information about patient asthma problem which is a contraindication to the intranasal vaccine.

Test Story

Description

The physician accesses the record for Juan Marcel Gonzales and:

• Orders administration of Influenza vaccine (intranasal, live virus vaccine)

• Receives notification the patient has asthma, a relative contraindication for intranasal influenza vaccine

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR.

Post Condition

User notified of history of contraindication to influenza virus vaccine, live, attenuated, for intranasal use (CVX 111) of asthma on problem list. Order is changed to Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161).

Test Objectives

Modify Antigen Recommendations Based on Active Diagnoses: The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

Enter Vaccination Order: The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

Evaluation Criteria

EMR Records the following order information and Alert:

| | |
|--|--|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Value/Text for Vaccine Type | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111) |
| Date/Time Vaccine Refusal was recorded | Current Date |
| Alert | Notification the patient has asthma, a relative contraindication for intranasal influenza vaccine. |

The Provider changes the order to:

| | |
|---------------|---|
| Vaccine Type: | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) |
|---------------|---|

Notes for Testers

No Note

3.2.2. Orders administration of Hepatitis B vaccine

Test Step Type: SUT MANUAL

The provider orders a Hepatitis B vaccine (dose 3).

Test Story

Description

As indicated by the vaccine forecast, the third Hepatitis B is overdue, and is ordered.

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. Vaccine forecast reviewed.

Post Condition

Hepatitis B vaccine is ordered for the patient.

Test Objectives

Enter Vaccination Order: The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

Evaluation Criteria

EMR Records the following order information and Alert:

| | |
|-----------------------------------|--|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Order Value/Text for Vaccine Type | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) |
| Date/Time Vaccine was recorded | Current Date |

Notes for Testers

No Note

3.2.3. Orders administration of DTaP vaccine and alerted that the dose is too early

Test Step Type: SUT MANUAL

The provider orders a DTaP vaccine (dose 5). The EMR provides an alert that the vaccine dose is too early.

Test Story

Description

The fifth DTaP is ordered, and the provider is notified that the dose is too early.

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. Vaccine forecast is available in the EMR.

Post Condition

DTaP vaccine is ordered for the patient, and provider is notified that the dose is too early.

Test Objectives

Receive Dose Not Indicated Alert for Single Vaccine Order: The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

Enter Vaccination Order: The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

Evaluation Criteria

EMR Records the following order information and Alert:

| | |
|--------------------------------------|---|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Value/Text for Vaccine Type | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) |
| Date/Time Vaccine order was recorded | Current Date |
| Alert | Notification that the dose is too early |

Notes for Testers

No Note

3.2.4. Records Hepatitis B Vaccine lot number with expired lot alert

Test Step Type: SUT MANUAL

The provider records the vaccine administration lot number in the EMR and is alerted of the expired lot.

Test Story

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|-------------------|-------------|-----------------------|----------------------|----------------------------------|-------------------------------------|--------------------------------------|--------------|----------------------|---|----------------------|----------|-------------------------------------|-----------|-----------------------------|--|-------|----------------------------|
| Description | | | | | | | | | | | | | | | | | | | | |
| The nurse documents administration lot number for the Hepatitis B vaccine ??? Is prevented from ordering the Hepatitis B lot as it has expired ??? Documents administration from a different lot that is not expired | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | |
| No Comments | | | | | | | | | | | | | | | | | | | | |
| Pre Condition | | | | | | | | | | | | | | | | | | | | |
| Order is placed for Hepatitis B vaccine. | | | | | | | | | | | | | | | | | | | | |
| Post Condition | | | | | | | | | | | | | | | | | | | | |
| The provider has been notified of the expired Hepatitis B vaccination lot. Documentation of a lot to be administered that is not expired is recorded in the EMR. | | | | | | | | | | | | | | | | | | | | |
| Test Objectives | | | | | | | | | | | | | | | | | | | | |
| Notify of Vaccine Dose Expiration: The EHR or other clinical software system notifies the provider administering a vaccine if the dose chosen for administration is expired. | | | | | | | | | | | | | | | | | | | | |
| Evaluation Criteria | | | | | | | | | | | | | | | | | | | | |
| EMR Records the following order information and Alert: | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Entered BY</td><td>Sandra Molina</td></tr><tr><td>Ordering Provider</td><td>Frank Smith</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td></tr><tr><td>Vaccine Event information source</td><td>New immunization record (NIP001 00)</td></tr><tr><td>Date/Time of Start of Administration</td><td>Current Date</td></tr><tr><td>Vaccine Administered</td><td>hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)</td></tr><tr><td>Lot Number (Expired)</td><td>6332FK18</td></tr><tr><td>Substance Expiration Date (Expired)</td><td>6/15/2015</td></tr><tr><td>Substance Manufacturer Name</td><td>GlaxoSmithKline Biologicals SA (MVX SKB)</td></tr><tr><td>Alert</td><td>Alerts user to expired lot</td></tr></table> | Entered BY | Sandra Molina | Ordering Provider | Frank Smith | Entering Organization | Shoreline Pediatrics | Vaccine Event information source | New immunization record (NIP001 00) | Date/Time of Start of Administration | Current Date | Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) | Lot Number (Expired) | 6332FK18 | Substance Expiration Date (Expired) | 6/15/2015 | Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | Alert | Alerts user to expired lot |
| Entered BY | Sandra Molina | | | | | | | | | | | | | | | | | | | |
| Ordering Provider | Frank Smith | | | | | | | | | | | | | | | | | | | |
| Entering Organization | Shoreline Pediatrics | | | | | | | | | | | | | | | | | | | |
| Vaccine Event information source | New immunization record (NIP001 00) | | | | | | | | | | | | | | | | | | | |
| Date/Time of Start of Administration | Current Date | | | | | | | | | | | | | | | | | | | |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) | | | | | | | | | | | | | | | | | | | |
| Lot Number (Expired) | 6332FK18 | | | | | | | | | | | | | | | | | | | |
| Substance Expiration Date (Expired) | 6/15/2015 | | | | | | | | | | | | | | | | | | | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | | | | | | | | | | | | | | | | | | | |
| Alert | Alerts user to expired lot | | | | | | | | | | | | | | | | | | | |
| Notes for Testers | | | | | | | | | | | | | | | | | | | | |
| No Note | | | | | | | | | | | | | | | | | | | | |

3.2.5. Record Hepatitis B Vaccine administration

Test Step Type: SUT MANUAL

The EMR is able to document all attributes associated with the new vaccine administration.

Test Story

Description

The nurse administers the Hepatitis B vaccine
• Documents all required information for the vaccine

Comments

No Comments

Pre Condition

Order is placed for Hepatitis B vaccine.

Post Condition

The Hepatitis B vaccination is recorded in the EMR.

Test Objectives

Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Evaluation Criteria

EMR Records the following vaccine administration information:

| | |
|--------------------------------------|---|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Date/Time of Start of Administration | Current Date |
| Vaccine Administered | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) |
| Administered Amount (of Vaccine) | 0.5 |
| Administered Units (of Measure) | mL |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 |
| Lot Number | 6332FK26 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) |
| Completion Status | CP |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) |
| Administration Site | Left Deltoid (HL70162 LD) |
| VFC Eligibility | No |

Notes for Testers

No Note

3.2.6. Records Influenza Vaccine administration with VFC eligibility checking

Test Step Type: SUT MANUAL

The provider records the vaccine administration from a VFC source and alerted that the patient is not VFC eligible.

Test Story

Description

The nurse documents administration for the inactivated influenza vaccine from a VFC source
• Is alerted that the patient is not eligible for VFC
• Orders a different non-VFC lot of inactivated influenza vaccine

Comments

No Comments

Pre Condition

Order is placed for inactivated influenza vaccine.

Post Condition

The user is notified of vaccine dose ineligibility.

Test Objectives

Notify of Vaccine Dose Ineligibility: The EHR or other clinical software system provides a method for alerting a provider if a vaccine is selected for a patient who is not eligible for the inventory item selected.

Evaluation Criteria

The provider documents a VFC lot to be administered in the EMR. Once notified that the patient is not eligible for the VFC, the a non-VFC lot is selected.

| | |
|--------------------------------------|--|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) |
| Value/Text for Vaccine Type | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25) |
| Date/Time of Start of Administration | Current Date |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25) |
| VFC lot (not administered) | D8043IN8422 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | Sanofi Pasteur (MVX PMC) |
| Alert | Patient is not VFC Eligible |

The Provider selects a non-VFC Lot:

| | |
|-------------------------------|-------------|
| Vaccine Lot # (administered): | D8043IN8855 |
| Vaccine Expiration Date: | 8/25/2015 |

Notes for Testers

No Note

3.2.7. Record Influenza Vaccine administration for Juan Marcel Gonzales

Test Step Type: SUT MANUAL

The EMR is able to document all attributes associated with the new vaccine administration.

Test Story

Description

The nurse administers the inactivated influenza vaccine
??? Documents all required information for each vaccine

Comments

No Comments

Pre Condition

Order is placed for inactivated influenza vaccine.

Post Condition

The inactivated influenza vaccine administration is recorded in the EMR.

Test Objectives

Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Evaluation Criteria

EMR Records the following vaccine administration information:

| | |
|---|--|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source (Administration Notes) | New immunization record (NIP001 00) |
| Value/Text for Vaccine Type | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25) |
| Date/Time of Start of Administration | Current Date |
| Vaccine Administered | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25) |
| Administered Amount (of Vaccine) | 0.25 |
| Administered Units (of Measure) | mL |
| Administering Provider | Sandra Molina |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 |
| Lot Number | D8043IN8855 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | Sanofi Pasteur (MVX PMC) |
| Completion Status | CP |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) |
| Administration Site | Left Thigh (HL7 LT) |
| VFC Eligibility | No |

Notes for Testers

No Note

3.3. Juan Marcel Gonzales Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Juan Marcel Gonzales.

Test Story

| |
|--|
| Description |
| Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS. |
| Comments |
| No Comments |
| Pre Condition |
| No PreCondition |
| Post Condition |
| No PostCondition |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

3.3.1. Transmit the Immunization Report for Juan Marcel Gonzales

Test Step Type: SUT_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes all newly administered vaccines and may include historical information updated in the EMR during the visit.

Test Story

| |
|--|
| Description |
| Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report MAY send the immunizations that the EMR imported from the IIS. |
| Comments |
| The Report must include all newly administered vaccines in any order. The report may include the information imported from the IIS. |
| Pre Condition |
| The vaccines for the visit have been administered. |
| Post Condition |
| The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission. |
| Test Objectives |
| Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content. |
| Evaluation Criteria |
| The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|----------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | Test EHR Application | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | X68 | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NIST Test Iz Reg | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20120701082240-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | VXU | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | VXU_V04 | |
| MSH-10 | Message Control ID | NIST-IZ-001.00 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z22 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|--------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | Juan | Value-Test Case Fixed |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Marcel | Value-Test Case Fixed |
| PID-5.7 | Name Type Code | L | Value-Test Case Fixed |
| PID-6 | Mother's Maiden Name | | |
| PID-6.1 | Family Name | | |
| PID-6.1.1 | Surname | Morales | |
| PID-6.7 | Name Type Code | M | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201403041100 | Value-Test Case Fixed |
| PID-8 | Administrative Sex | M | Value-Test Case Fixed |
| PID-10 | Race | | |
| PID-10.1 | Identifier | 2106-3 | Value-Test Case Fixed |
| PID-10.2 | Text | White | Value-Test Case Fixed |
| PID-10.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 4623 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | Value-Test Case Fixed |
| PID-11.4 | State or Province | CT | Value-Test Case Fixed |
| PID-11.5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| PID-11.6 | Country | USA | Value-Test Case Fixed |
| PID-11.7 | Address Type | L | Value-Test Case Fixed |
| PID-13 | Phone Number - Home | | |
| PID-13.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| PID-13.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| PID-13.4 | Email Address | | |
| PID-13.6 | Area/City Code | 203 | Value-Test Case Fixed |
| PID-13.7 | Local Number | 5551213 | Value-Test Case Fixed |
| PID-22 | Ethnic Group | | |
| PID-22.1 | Identifier | 2135-2 | Value-Test Case Fixed |
| PID-22.2 | Text | Hispanic or Latino | Value-Test Case Fixed |
| PID-22.3 | Name of Coding System | CDCREC | Value-Test Case Fixed |
| PID-24 | Multiple Birth Indicator | | |
| PID-25 | Birth Order | | |
| PID-29 | Patient Death Date and Time | | |
| PID-29.1 | Time | | |
| PID-30 | Patient Death Indicator | | |

PD1 : Patient Additional Demographic

| Location | Data Element | Data | Categorization |
|-----------------|---|------------------------------|-----------------------|
| PD1-11 | Publicity Code | | |
| PD1-11.1 | Identifier | 02 | |
| PD1-11.2 | Text | Reminder/Recall - any method | |
| PD1-11.3 | Name of Coding System | HL70215 | |
| PD1-12 | Protection Indicator | | |
| PD1-13 | Protection Indicator Effective Date | | |
| PD1-16 | Immunization Registry Status | A | |
| PD1-17 | Immunization Registry Status Effective Date | 20140304 | |
| PD1-18 | Publicity Code Effective Date | 20140304 | |

NK1 : Next of Kin / Associated Parties

| Location | Data Element | Data | Categorization |
|-----------|--|-------------------|-----------------------|
| NK1-1 | Set ID - NK1 | 1 | |
| NK1-2 | Name | | |
| NK1-2.1 | Family Name | | |
| NK1-2.1.1 | Surname | Gonzales | |
| NK1-2.2 | Given Name | Manuel | Value-Test Case Fixed |
| NK1-2.3 | Second and Further Given Names or Initials Thereof | Marcel | Value-Test Case Fixed |
| NK1-2.7 | Name Type Code | L | Value-Test Case Fixed |
| NK1-3 | Relationship | | |
| NK1-3.1 | Identifier | FTH | Value-Test Case Fixed |
| NK1-3.2 | Text | Father | Value-Test Case Fixed |
| NK1-3.3 | Name of Coding System | HL70063 | Value-Test Case Fixed |
| NK1-4 | Address | | |
| NK1-4.1 | Street Address | | |
| NK1-4.1.1 | Street or Mailing Address | 4623 Standish Way | |
| NK1-4.2 | Other Designation | | |
| NK1-4.3 | City | Stamford | Value-Test Case Fixed |
| NK1-4.4 | State or Province | CT | Value-Test Case Fixed |
| NK1-4.5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| NK1-4.6 | Country | | |
| NK1-4.7 | Address Type | L | Value-Test Case Fixed |
| NK1-5 | Phone Number | | |
| NK1-5.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| NK1-5.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| NK1-5.4 | Email Address | | |
| NK1-5.6 | Area/City Code | 203 | Value-Test Case Fixed |
| NK1-5.7 | Local Number | 5551213 | Value-Test Case Fixed |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Sirtis | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Lisa | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Carter | |
| ORC-12.3 | Given Name | Jane | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Hospital | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | Presence-Content Indifferent |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| ORC-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Smith | Presence-Content Indifferent |
| ORC-12.3 | Given Name | Frank | Presence-Content Indifferent |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | Presence-Content Indifferent |
| ORC-17.2 | Text | Shoreline Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-10 | Entered By | | |
| ORC-10.1 | ID Number | | |
| ORC-10.2 | Family Name | | |
| ORC-10.2.1 | Surname | Martinez | Presence-Content Indifferent |
| ORC-10.3 | Given Name | J. | Presence-Content Indifferent |
| ORC-10.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-10.9 | Assigning Authority | | |
| ORC-10.9.1 | Namespace ID | | |
| ORC-10.9.2 | Universal ID | | |
| ORC-10.9.3 | Universal ID Type | | |
| ORC-10.10 | Name Type Code | | |
| ORC-10.13 | Identifier Type Code | | |
| ORC-12 | Ordering Provider | | |
| ORC-12.1 | ID Number | | |
| ORC-12.2 | Family Name | | |
| ORC-12.2.1 | Surname | Rodriguez | |
| ORC-12.3 | Given Name | J. | |
| ORC-12.4 | Second and Further Given Names or Initials Thereof | | |
| ORC-12.9 | Assigning Authority | | |
| ORC-12.9.1 | Namespace ID | | |
| ORC-12.9.2 | Universal ID | | |
| ORC-12.9.3 | Universal ID Type | | |
| ORC-12.10 | Name Type Code | L | |
| ORC-12.13 | Identifier Type Code | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | OP | Presence-Content Indifferent |
| ORC-17.2 | Text | Oceanview Pediatrics | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362 | Presence-Content Indifferent |

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140303 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hepatitis B | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6332FK34 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141214 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140415 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hepatitis B | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6352FK2 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20151001 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hepatitis B | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.5 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6332FK26 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161031 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | Value-Test Case Fixed |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140515 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | DTaP | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2342 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20151130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140713 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | DTaP | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS2434 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20140904 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140916 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | DTaP | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS250 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141201 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150920 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 106 | Value-Test Case Fixed |
| RXA-5.2 | Text | DTaP | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D409QS250 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150301 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140514 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hib | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M54K9255 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150324 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140721 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hib | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M55K3343 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141030 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-----------------------------|-----------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140927 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hib | Value-Test Case Fixed |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M75K4577 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20140523 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150504 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 49 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hib | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7M53K5535 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20151014 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140514 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | Polio (IPV) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV2444 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 2014100304 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | MSanofi Pasteur Inc. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140721 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | Polio (IPV) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV4343 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150323 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | MSanofi Pasteur Inc. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20141015 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 10 | Value-Test Case Fixed |
| RXA-5.2 | Text | Polio (IPV) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D333PV4343 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150222 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | MSanofi Pasteur Inc. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140518 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | Pneumococcal conjugate (PCV13) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P243V3321 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150130 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140721 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | Pneumococcal conjugate (PCV13) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P343V8445 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150330 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140927 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | Pneumococcal conjugate (PCV13) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V2175 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150830 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150504 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 133 | Value-Test Case Fixed |
| RXA-5.2 | Text | Pneumococcal conjugate (PCV13) | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | P853V58544 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150118 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PFR | |
| RXA-17.2 | Text | Pfizer, Inc | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140518 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | Rotavirus | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV543 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20141029 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140721 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 119 | Value-Test Case Fixed |
| RXA-5.2 | Text | Rotavirus | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RV933 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150510 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20140927 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8738 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20150312 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151020 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8798 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20160522 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | |
| RXA-17.2 | Text | Sanofi Pasteur | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 161 | Value-Test Case Fixed |
| RXA-5.2 | Text | Influenza | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 0.25 | Value-Test Case Fixed |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | Value-Test Case Fixed |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | Value-Test Case Fixed |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | D8043IN8855 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161031 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | PMC | Value-Test Case Fixed |
| RXA-17.2 | Text | Sanofi Pasteur | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150515 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hepatitis A | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT35 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20160104 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | Presence-Content Indifferent |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 83 | Value-Test Case Fixed |
| RXA-5.2 | Text | Hepatitis A | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Molina | Presence-Content Indifferent |
| RXA-10.3 | Given Name | Sandra | Presence-Content Indifferent |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 6359RT47 | Value-Test Case Fixed |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161031 | Value-Test Case Fixed |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | Value-Test Case Fixed |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | Presence-Content Indifferent |
| RXA-17.3 | Name of Coding System | MVX | Value-Test Case Fixed |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | Value-Test Case Fixed |
| RXA-21 | Action Code - RXA | A | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-----------------------------|------------------------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151020 | Value-Test Case Fixed |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 94 | Value-Test Case Fixed |
| RXA-5.2 | Text | MMR and Varicella | Presence-Content Indifferent |
| RXA-5.3 | Name of Coding System | CVX | Value-Test Case Fixed |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | Value-Test Case Fixed |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | Value-Test Case Fixed |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Martinez | |
| RXA-10.3 | Given Name | J. | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-15 | Substance Lot Number | 7W27V7632 | |
| RXA-16 | Substance Expiration Date | | |
| RXA-16.1 | Time | 20161215 | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | MSD | |
| RXA-17.2 | Text | Merck Sharp and Dohme Corp. | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |
| RXA-21 | Action Code - RXA | A | |

RXR[*]
RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | Value-Test Case Fixed |
| RXR-1.2 | Text | IM | Presence-Content Indifferent |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | Value-Test Case Fixed |
| RXR-2.2 | Text | Left Deltoid | Presence-Content Indifferent |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | |
| RXR-2.2 | Text | Left Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Thigh Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|-------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RT | |
| RXR-2.2 | Text | Right Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | Value-Test Case Fixed |
| RXR-1.2 | Text | IM | Presence-Content Indifferent |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | Value-Test Case Fixed |
| RXR-2.2 | Text | Left Deltoid | Presence-Content Indifferent |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | RD | |
| RXR-2.2 | Text | Right Deltoid | |
| RXR-2.3 | Name of Coding System | HL70163 | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--------------|------------------------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | Value-Test Case Fixed |
| RXR-1.2 | Text | IM | Presence-Content Indifferent |
| RXR-1.3 | Name of Coding System | NCIT | Value-Test Case Fixed |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LD | Value-Test Case Fixed |
| RXR-2.2 | Text | Left Deltoid | Presence-Content Indifferent |
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | SC | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Publication Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20120202 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Presentation Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Publication Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20140819 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Presentation Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29768-9 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Publication Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20140819 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|------------------------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 29769-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | VIS Presentation Date | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | Presence-Content Indifferent |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|------------------------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 64994-7 | Value-Test Case Fixed |
| OBX-3.2 | Text | vaccine fund pgm elig cat | Presence-Content Indifferent |
| OBX-3.3 | Name of Coding System | LN | Value-Test Case Fixed |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | V01 | Value-Test Case Fixed |
| OBX-5.2 | Text | Not VFC elig | Presence-Content Indifferent |
| OBX-5.3 | Name of Coding System | HL70064 | Value-Test Case Fixed |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20150715 | |
| OBX-17 | Observation Method | | |
| OBX-17.1 | Identifier | | |
| OBX-17.2 | Text | | |
| OBX-17.3 | Name of Coding System | | |

Test Data Specification**Patient Information**

| Element | Data |
|--------------------------|---|
| Patient Name | Juan Marcel Gonzales |
| Mother's Maiden Name | Anita Morales |
| ID Number | 123456 987633 |
| Date/Time of Birth | 03/04/2014 11:00 |
| Administrative Sex | Male |
| Patient Address | 4623 Standish Way Stamford CT 06903 USA |
| Local Number | (203)555-1213 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | |

Immunization Registry Information

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 03/04/2014 |
| Publicity Code | Reminder/Recall - any method |
| Publicity Code Effective Date | 03/04/2014 |
| Protection Indicator | |
| Protection Indicator Effective Date | |

Guardian or Responsible Party

| Element | Data |
|--------------|-------------------------------------|
| Name | Manuel Marcel Gonzales |
| Relationship | Father |
| Address | 4623 Standish Way Stamford CT 06903 |
| Phone Number | (203)555-1213 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 03/03/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6332FK34 |
| Substance Expiration Date | 12/14/2014 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Hospital |
| Entered By | Lisa Sirtis |
| Ordered By | Jane Carter |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 04/15/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6352FK2 |
| Substance Expiration Date | 10/01/2015 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6332FK26 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|--------------|
| VIS Publication Date | 02/02/2012 |
| VIS Presentation Date | 07/15/2015 |
| vaccine fund pgm elig cat | Not VFC elig |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 05/15/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS2342 |
| Substance Expiration Date | 11/30/2015 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 07/13/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS2434 |
| Substance Expiration Date | 09/04/2014 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 09/16/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS250 |
| Substance Expiration Date | 12/01/2014 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 09/20/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS250 |
| Substance Expiration Date | 03/01/2015 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 05/14/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M54K9255 |
| Substance Expiration Date | 03/24/2015 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 07/21/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M55K3343 |
| Substance Expiration Date | 10/30/2014 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 09/27/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M75K4577 |
| Substance Expiration Date | 05/23/2014 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 05/04/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M53K5535 |
| Substance Expiration Date | 10/14/2015 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 05/14/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV2444 |
| Substance Expiration Date | 10/03/2014 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 07/21/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV4343 |
| Substance Expiration Date | 03/23/2015 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 10/15/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV4343 |
| Substance Expiration Date | 02/22/2015 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 05/18/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P243V3321 |
| Substance Expiration Date | 01/30/2015 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 07/21/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P343V8445 |
| Substance Expiration Date | 03/30/2015 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 09/27/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P853V2175 |
| Substance Expiration Date | 08/30/2015 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 05/04/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P853V58544 |
| Substance Expiration Date | 01/18/2015 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Rotavirus |
| Date/Time Start of Administration | 05/18/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6359RV543 |
| Substance Expiration Date | 10/29/2014 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Rotavirus |
| Date/Time Start of Administration | 07/21/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6359RV933 |
| Substance Expiration Date | 05/10/2015 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Thigh Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 09/27/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D8043IN8738 |
| Substance Expiration Date | 03/12/2015 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 10/20/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D8043IN8798 |
| Substance Expiration Date | 05/22/2016 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 0.25 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Substance Lot Number | D8043IN8855 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|--------------|
| VIS Publication Date | 08/19/2014 |
| VIS Presentation Date | 07/15/2015 |
| vaccine fund pgm elig cat | Not VFC elig |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis A |
| Date/Time Start of Administration | 05/15/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6359RT35 |
| Substance Expiration Date | 01/04/2016 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Right Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis A |
| Date/Time Start of Administration | 10/31/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6359RT47 |
| Substance Expiration Date | 10/31/2016 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | IM |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|--------------|
| VIS Publication Date | 08/19/2014 |
| VIS Presentation Date | 07/15/2015 |
| vaccine fund pgm elig cat | Not VFC elig |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | MMR and Varicella |
| Date/Time Start of Administration | 10/20/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7W27V7632 |
| Substance Expiration Date | 12/15/2016 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | SC |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

3.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Test Story

| |
|---|
| Description |
| The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message. |
| Comments |
| No Comments |
| Pre Condition |
| A VXU message is generated by the EHR. |
| Post Condition |
| The ACK Z23 is received by the EHR. |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| The acknowledgement message is consumed by the system responsible for the content of the administration message without error. |
| Notes for Testers |
| No Note |

3.4. Juan Marcel Gonzales Display Immunization Report

Produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Test Story

| |
|--|
| Description |
| Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.) |
| Comments |
| No Comments |
| Pre Condition |
| Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered. |
| Post Condition |
| The patient/parent has been provided a patient immunization history report. |
| Test Objectives |
| Produce Standard Patient Immunization History Report: The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers. |
| Produce Immunization Forecast Report: The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

3.4.1. Produce an immunization report for Juan Marcel Gonzales including all history

Test Step Type: SUT MANUAL

The EMR is used to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

Test Story

Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

Post Condition

The patient/parent has been provided a patient immunization history report.

Test Objectives

Produce Standard Patient Immunization History Report: The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

Produce Immunization Forecast Report: The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

Evaluation Criteria

The following patient demographics are displayed:

Patient Identifier Number: Vendor Assigned

Patient Identifier Type Code: Vendor Assigned

Patient Name: Juan Marcel Gonzales

Date/Time of Birth: 3/4/2014 11:00am

Sex: Male

Patient Address: 4623 Standish Way, Stamford, CT 06903

Multiple Birth: N

Birth Order: NA

The following Vaccination History is displayed:

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 3/4/2014

Additional Observations:

Dose #: 1

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Jane Carter

Entered By: Lisa Sirtis

Entering Organization: Shoreline Hospital

Administered Amt: .05 mL

Administering Provider: Jane Carter

Administered at Location: 325 Shoreline Drive,

Stamford Connecticut 06901

Lot#: 6332FK34

Exp Date: 12/14/2014

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 4/15/2014

Additional Observations:

Dose #: 2

Doses in Series: 3

Valid Dose: Y

Ordering Provider: J. Rodriguez

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 4253 Standish Way, Stamford Connecticut 06903

Lot#: 6352FK2

Exp Date: 10/1/2015

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: Current Date

Additional Observations:

Dose #: 3

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Sandra Molina

Entered By: Frank Smith

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901

Lot#: 6332FK26
Exp Date: 10/31/2016
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL70162 LD)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 5/15/2014
Additional Observations:
Dose #: 1
Doses in Series: 5
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D409QS2342
Exp Date: 11/30/2015
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 7/13/2014
Additional Observations:
Dose #: 2
Doses in Series: 5
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D409QS2434
Exp Date: 9/4/2014
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 9/16/2014
Additional Observations:
Dose #: 3
Doses in Series: 5
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D409QS3256
Exp Date: 12/1/2014
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
DAPTACEL (NDC 49281-0286-01)"
Date Administered: 9/20/2015
Additional Observations:
Dose #: 3
Doses in Series: 5
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D409QS3256
Exp Date: 3/1/2015
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 5/14/2014
Additional Observations:
Dose #: 1
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 7M54K9255
Exp Date: 3/24/2015
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 7/21/2014
Additional Observations:
Dose #: 2
Doses in Series: 4

Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 7M55K3343
Exp Date: 10/30/2014
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 9/27/2014
Additional Observations:
Dose #: 3
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 7M75K4577
Exp Date: 5/23/2014
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: Hib, unspecified formulation
Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)
PedvaxHIB (NDC 00006-4897-00)"
Date Administered: 5/4/2015
Additional Observations:
Dose #: 4
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 7M53K5535
Exp Date: 10/14/2015
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)"
Date Administered: 5/14/2014
Additional Observations:
Dose #: 1
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D333PV2444
Exp Date: 10/4/2014
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)"
Date Administered: 7/21/2014
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D333PV4343
Exp Date: 3/23/2015
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)
Vaccine Group: poliovirus vaccine, inactivated
Administered: poliovirus vaccine, inactivated (CVX 10)
IPOL (NDC 49281-0860-55)"
Date Administered: 10/15/2014
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D335PV9654
Exp Date: 2/22/2015
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Deltoid (HL7 LD)

Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 5/18/2014
Additional Observations:
Dose #: 1
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: P243V3321
Exp Date: 1/30/2015
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 7/21/2014
Additional Observations:
Dose #: 2
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: P343V8445
Exp Date: 3/30/2015
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 9/27/2014
Additional Observations:
Dose #: 3
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: P853V2175
Exp Date: 8/30/2015
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: pneumococcal, unspecified formulation
Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)
PREVNAR 13 (NDC 00005-1971-05)"
Date Administered: 5/4/2015
Additional Observations:
Dose #: 4
Doses in Series: 4
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: P853V5844
Exp Date: 10/18/2015
Manufacturer: Pfizer, Inc (MVX PFR)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: rotavirus, unspecified formulation
Administered: rotavirus, live, monovalent vaccine (CVX 119)
ROTARIX (NDC 58160-0854-52)"
Date Administered: 5/18/2014
Additional Observations:
Dose #: 1
Doses in Series: 3
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: 1 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 6359RV533
Exp Date: 10/29/2014
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: rotavirus, unspecified formulation
Administered: rotavirus, live, monovalent vaccine (CVX 119)
ROTARIX (NDC 58160-0854-52)"
Date Administered: 7/21/2014
Additional Observations:
Dose #: 2
Doses in Series: 3
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: 1 mL

Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 6359RV932
Exp Date: 5/10/2015
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 9/27/2014
Additional Observations:
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D8043IN8734
Exp Date: 3/12/2015
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: 10/20/2015
Additional Observations:
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: D8043IN8798
Exp Date: 5/22/2016
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Thigh (HL7 RT)
Vaccine Group: influenza, unspecified formulation
Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)
FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered: Current Date
Additional Observations:
Dose #: 1
Doses in Series:
Valid Dose:
Ordering Provider: Sandra Molina
Entered By: Frank Smith
Entering Organization: Oceanview Pediatrics
Administered Amt: .25 mL
Administering Provider: Sandra Molina
Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901
Lot#: D8043IN8855
Exp Date: 10/31/2016
Manufacturer: Sanofi Pasteur Inc (MVX PMC)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Thigh (HL7 LT)
Vaccine Group: Hep A, unspecified formulation
Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83)
HAVRIX (NDC 58160-0825-52)"
Date Administered: 5/15/2015
Additional Observations:
Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 6359RT35
Exp Date: 1/4/2016
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Right Deltoid (HL7 RD)
Vaccine Group: Hep A, unspecified formulation
Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83)
HAVRIX (NDC 58160-0825-52)"
Date Administered: Current Date
Additional Observations:
Dose #: 2
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 6359RT47
Exp Date: 10/31/2016
Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)
Route: Intramuscular (NCIT C28161, HL70162: IM)
Site: Left Deltoid (HL7 LD)
Vaccine Group: MMRV
Administered: measles, mumps, rubella, and varicella virus vaccine (CVX 94)
ProQuad (NDC 00006-4999-00)"
Date Administered: 10/20/2015
Additional Observations:

Dose #: 1
Doses in Series: 2
Valid Dose: Y
Ordering Provider: J. Rodriguez
Entered By: J. Martinez
Entering Organization: Oceanview Pediatrics
Administered Amt: .05 mL
Administering Provider: J. Martinez
Administered at Location: 4253 Standish Way, Stamford Connecticut 06903
Lot#: 7W27V7632
Exp Date: 12/15/2016
Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)
Route: Subcutaneous (NCIT C38299, HL70162: SC)
Site: Left Thigh (HL7 LT)
The Following Vaccine Forecast is displayed:

Vaccine Group: HepB
Due Date: 11/22/2015
Earliest Date to Give: 08/30/2014
Latest Date to Give: 08/30/2015
Overdue Date: 08/31/2015
Immunization Schedule: ACIP
Vaccine Group: Dtap
Due Date: 3/3/2018
Earliest Date to Give: 3/3/2018
Latest Date to Give: 3/3/2020
Overdue Date: 3/4/2020
Immunization Schedule: ACIP
Vaccine Group: IPV
Due Date: 3/3/2018
Earliest Date to Give: 3/3/2018
Latest Date to Give: 3/3/2020
Overdue Date: 3/4/2020
Immunization Schedule: ACIP
Vaccine Group: Influenza
Due Date: 9/1/2016
Earliest Date to Give: 9/1/2016
Latest Date to Give: 1/31/2017
Overdue Date: 2/1/2017
Immunization Schedule: ACIP
Vaccine Group: HepA
Due Date: 11/22/2015
Earliest Date to Give: 8/30/2015
Immunization Schedule: ACIP
Vaccine Group: MMR
Due Date: 3/2/2018
Earliest Date to Give: 3/2/2018
Latest Date to Give: 3/1/2020
Overdue Date: 3/2/2020
Immunization Schedule: ACIP
Vaccine Group: Varicella
Due Date: 3/2/2018
Earliest Date to Give: 3/2/2018
Latest Date to Give: 3/1/2020
Overdue Date: 3/2/2020
Immunization Schedule: ACIP

Notes for Testers

No Note

4. Mariela Gonzales Morales Visit

Infant twin, Mariela Gonzales Morales visits the provider where her immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

4.1. Query the Registry for Mariela Gonzales Morales

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Mariela Gonzales Morales.

Test Story

Description

The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Mariela Gonzales Morales. Querying the registry will consist of the vendor creating Z44 messages for Mariela Gonzales Morales to be sent to the registry.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry, and create a new forecast after reconciling the information.

Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load.

Comments

Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load.

Pre Condition

Mariela Gonzales Morales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the Mariela Gonzales Morales Initial Data Load¹

Post Condition

No PostCondition

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

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.

View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast.

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

4.1.1. Select Patient Mariela Gonzales Morales

Test Step Type: SUT MANUAL

Select patient Mariela Gonzales Morales, Infant Twin, distinguishing the patient from other patients with similar demographics (twins).

Test Story

Description

Mariela Gonzales Morales is selected as the patient and her record is opened in the EMR.

Comments

No Comments

Pre Condition

Mariela Gonzales Morales Initial Data Load completed.

Post Condition

Mariela Gonzales Morales is the active working patient in the EMR.

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Evaluation Criteria

Tester shall verify that the product can distinguish Mariela Gonzales Morales from similar sounding names and her twin using all of the pediatric demographics:

- Patient ID (previously listed as "Medicaid Number") -**Vendor supplied**
- Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name -**Shoreline Pediatrics**
- Patient ID: Type (e.g., medical record number, IIS ID) -**Vendor supplied**
- Patient Name: First - **Mariela**
- Patient Name: Middle - **Gonzales**
- Patient Name: Last - **Morales**
- Patient Date of Birth - **10/01/2015**
- Birth Time - **11:00**
- Patient Gender (Administrative Sex) - **F**
- Patient Multiple Birth Indicator - **Yes**
- Patient Birth Order - **1**
- Responsible Person Name: First - **Joanna**
- Responsible Person Name: Middle - **Gonzales**
- Responsible Person Name: Last - **Morales**
- Responsible Person Name: Relationship to Patient - **Mother**
- Mother's Name: First - **Joanna**
- Mother's Name: Middle - **Gonzales**
- Mother's Name: Last - **Morales**
- Mother's Name: Maiden Last - **Gonzales**
- Patient Address: Street -**3321 Standish Way**
- Patient Address: City -**Stamford**
- Patient Address: State - **CT**
- Patient Address: Country - **US**
- Patient Address: Zipcode - **06903**
- Patient Address: County of Residence -**Fairfield**
- Race - **White**
- Ethnicity - **Hispanic or Latino**
- Birthing Facility Name (Birth Delivery Location Address BDL) -**Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903**
- Patient Birth State - **CT**
- Patient Primary Language - **English**
- Patient Telephone Number - **(203) 555-1214**
- Patient Telephone Number Type (e.g., home, cell) - **home**
- Patient E-mail Address -
- Publicity Code
- Protection Indicator
- Protection Indicator Effective Date
- Immunization Registry Status
- Preferred Contact Method -**Phone**

Notes for Testers

No Note

4.1.2. Query Registry for vaccination history and forecast for Mariela Gonzales Morales

Test Step Type: SUT_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

Test Story

| |
|--|
| Description The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry. |
| Comments Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Pre Condition Mariela Gonzales Morales Initial Data Load is completed. Mariela Gonzales Morales is the active working patient in the EMR. |
| Post Condition The Immunization Registry responds with Evaluated Vaccine History and Forecast for Mariela Gonzales Morales. |
| Test Objectives Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5). |
| Evaluation Criteria Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission. Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied. Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Notes for Testers No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20140515001020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | QBP | |
| MSH-9.2 | Trigger Event | Q11 | |
| MSH-9.3 | Message Structure | QBP_Q11 | |
| MSH-10 | Message Control ID | 793543 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z44 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | 123456 | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | MYEHR | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | MR | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Morales | Value-Test Case Fixed |
| QPD-4.2 | Given Name | Mariela | Value-Test Case Fixed |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Gonzales | Value-Test Case Fixed |
| QPD-4.7 | Name Type Code | L | Value-Test Case Fixed |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| QPD-5.7 | Name Type Code | M | Value-Test Case Fixed |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 20151001 | Value-Test Case Fixed |
| QPD-7 | Patient Sex | F | Value-Test Case Fixed |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 3321 Standish Way | Value-Test Case Fixed |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | Value-Test Case Fixed |
| QPD-8.4 | State or Province | CT | Value-Test Case Fixed |
| QPD-8.5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | Value-Test Case Fixed |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | Value-Test Case Fixed |
| QPD-9.3 | Telecommunication Equipment Type | PH | Value-Test Case Fixed |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | Value-Test Case Fixed |
| QPD-9.7 | Local Number | 5551214 | Value-Test Case Fixed |
| QPD-10 | Multiple birth indicator | Y | Value-Test Case Fixed |
| QPD-11 | Birth order | 1 | Value-Test Case Fixed |

RCP : Response Control Parameter

| Location | Data Element | Data | Categorization |
|-----------|--------------------------|---------|----------------|
| RCP-1 | Query Priority | I | |
| RCP-2 | Quantity Limited Request | | |
| RCP-2.1 | Quantity | 1 | |
| RCP-2.2 | Units | | |
| RCP-2.2.1 | Identifier | RD | |
| RCP-2.2.2 | Text | Records | |
| RCP-2.2.3 | Name of Coding System | HL70126 | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------------------------------|
| Patient Name | Mariela Gonzales Morales |
| Mother's Maiden Name | Gonzales |
| ID Number | 123456 |
| Date/Time of Birth | 10/01/2015 |
| Sex | Female |
| Patient Address | 3321 Standish Way Stamford CT 06903 |
| Patient Phone | (203)555-1214 |
| Birth Indicator | Yes |
| Birth Order | 1 |

4.1.3. View and import response to request for vaccination history for Mariela Gonzales Morales

Test Step Type: TA_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR.

Test Story

Description

The physician accesses the record for Mariela Gonzales Morales and:

- • Accepts the single vaccine in the registry record into the EHR history

Comments

There is no reconciliation step as all historical data has been entered during the Initial Data Load.

Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Pre Condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

Post Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Mariela Gonzales Morales)

Test Objectives

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.

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Evaluation Criteria

There are no immunization records to be imported into the EMR as the full history has been manually entered during the Initial Data Load.

The system under test may demonstrate any import capabilities available. These should be documented as part of this test step.

NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Morales | |
| PID-5.2 | Given Name | BG2 | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201503301100 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 3321 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

| ORC[*] | | | |
|--------------------|-----------------------|----------------------------|-----------------------|
| ORC : Common Order | | | |
| Location | Data Element | Data | Categorization |
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | |
| ORC-17.2 | Text | Stamford Regional Hospital | |
| ORC-17.3 | Name of Coding System | HL70362 | |

| ORC : Common Order | | | |
|--------------------|-----------------------|-------------|-----------------------|
| Location | Data Element | Data | Categorization |
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

RXA[*]

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151001 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | Hepatitis B | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Pike | |
| RXA-10.3 | Given Name | Susan | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 45 | |
| OBX-5.2 | Text | Hep B, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | DTaP, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 4 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 08 | |
| OBX-5.2 | Text | Hib | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 9 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 13 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 152 | |
| OBX-5.2 | Text | Pneumococcal Conjugate, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 17 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 21 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 23 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20170930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20171001 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 28 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 30 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|-----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 31 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|---|----------------------------------|
| Test Case ID | Query the Registry for Mariela Gonzales Morales | |
| Juror ID | | |
| Juror Name | | |
| HIT System Tested | | |
| Inspection Date/Time | | |
| Inspection Settlement (Pass/Fail) | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 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 |
| ID Number | 123456 | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | BG2 Morales | |
| Date of Birth | 03/30/2015 | |
| Sex | Female | |
| Address 1 | | |
| Street | 3321 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Mother's Maiden Name | Joanna Gonzales 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 | 10/01/2015 | |
| Date/Time Administration-End | 10/01/2015 | |
| 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 Location | | |
| 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 | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | 10/31/2015 | |
| Earliest Date to Give | 10/31/2015 | |
| Latest Date to Give | 11/30/2015 | |
| Date When Vaccine Overdue | 12/01/2015 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | DTaP, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hib | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |

| Immunization Forecast | | |
|-------------------------------|---|----------------|
| Status in Immunization Series | Data | Tester Comment |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | IPV | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Pneumococcal Conjugate, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 08/31/2016 | |
| Earliest Date to Give | 08/31/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | MMR | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

4.1.4. View the vaccination forecast for Mariela Gonzales Morales returned by the Immunization Registry

Test Step Type: TA_RESPONDER

The EMR displays the current Immunization Forecast to the user for Mariela Gonzales Morales as returned by the Immunization Registry Z42 response.

Test Story

Description

The physician accesses the record for Mariela Gonzales Morales and:

- • Views the vaccine forecast provided by the Immunization Registry

Comments

Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages and display of vaccination forecast delivered by the Immunization Registry, along with rationale for deferring or omitting support for the functionality.

Pre Condition

A Z44 query has been submitted to the Immunization Registry, a Z42 response is provided back to the EMR, and the vaccine forecast from the response is available in the EMR for viewing

Post Condition

The vaccine forecast from the Immunization Registry is available for viewing in the EMR.

Test Objectives

View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast.

Evaluation Criteria

The EMR displays the immunization forecast information returned from the Immunization Registry according to the Juror Document.

NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry.

Notes for Testers

No Note

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Morales | |
| PID-5.2 | Given Name | BG2 | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201503301100 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 3321 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

ORC[*]
ORC : Common Order

| Location | Data Element | Data | Categorization |
|-----------------|-----------------------|----------------------------|-----------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | |
| ORC-17.2 | Text | Stamford Regional Hospital | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|-----------------|-----------------------|-------------|-----------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

RXA[*]

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151001 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | Hepatitis B | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Pike | |
| RXA-10.3 | Given Name | Susan | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 45 | |
| OBX-5.2 | Text | Hep B, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | DTaP, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 4 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 08 | |
| OBX-5.2 | Text | Hib | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 9 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 13 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 152 | |
| OBX-5.2 | Text | Pneumococcal Conjugate, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 17 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 21 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 23 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20170930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20171001 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 28 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 30 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|-----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 31 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|---|----------------------------------|
| Test Case ID | Query the Registry for Mariela Gonzales Morales | |
| Juror ID | | |
| Juror Name | | |
| HIT System Tested | | |
| Inspection Date/Time | | |
| Inspection Settlement (Pass/Fail) | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| 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 | | |
| ID Number | 123456 | |
| Assigning Authority | | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Assigning Authority | | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | BG2 Morales | |
| Date of Birth | 03/30/2015 | |
| Sex | Female | |
| Address 1 | | |
| Street | 3321 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Mother's Maiden Name | Joanna Gonzales 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 | 10/01/2015 | |
| Date/Time Administration-End | 10/01/2015 | |
| 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 Location | | |
| 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 | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | 10/31/2015 | |
| Earliest Date to Give | 10/31/2015 | |
| Latest Date to Give | 11/30/2015 | |
| Date When Vaccine Overdue | 12/01/2015 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | DTaP, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hib | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |

| Immunization Forecast | | |
|-------------------------------|---|----------------|
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | IPV | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Pneumococcal Conjugate, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 08/31/2016 | |
| Earliest Date to Give | 08/31/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | MMR | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

4.1.5. View the vaccination forecast for Mariela Gonzales Morales

Test Step Type: SUT MANUAL

The EMR displays the current Immunization Forecast to the user for Mariela Gonzales Morales either as returned by the IIS in prior step, or as generated thru any local means.

Test Story

Description

The physician accesses the record for Mariela Gonzales Morales and:

- • Views the vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods)

Comments

No Comments

Pre Condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Mariela Gonzales Morales)

Post Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

Test Objectives

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:
2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 6/29/2015

DTaP due on 7/29/2015

Hib due on 7/29/2015

IPV due on 7/29/2015

Pneumococcal conjugate due on 7/29/2015

Rotavirus due on 7/29/2015

HepA due on 5/29/2016

MMR due on 5/29/2016

Varicella due on 5/29/2016

influenza, unspecified formulation due on Nov 26, 2015 or later

Notes for Testers

No Note

4.2. Mariela Gonzales Morales, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

Test Story

| |
|--|
| Description |
| This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients. |
| Comments |
| No Comments |
| Pre Condition |
| Mariela Gonzales Morales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Mariela Gonzales Morales Initial Data Load' |
| Post Condition |
| Visit orders are entered in Mariela Gonzales Morales' record. |
| Test Objectives |
| Supporting data for documenting contraindications (it could also trigger an alert as a locally configured alert rule): <i>Modify Antigen Recommendations Based on Active Diagnoses:</i> The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses. <i>Record Vaccine Administration Deferral:</i> The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

4.2.1. Enter Initial Clinical Information for Mariela

Test Step Type: SUT_MANUAL

The EHR captures structured data indicating that Mariela has a fever in the current visit.

Test Story

Description

The triage nurse enters basic information on Mariela Gonzales Morales – she has a fever (Temperature of 100.8o F).

Comments

No Comments

Pre Condition

The EMR has recorded all of the pediatric demographic in the record created for Mariela Gonzales Morales.

Post Condition

The clinical record for Mariela Gonzales Morales indicates that she currently has a fever (temperature 100.8oF)..

Test Objectives

Supporting data for documenting contraindications (it could also trigger an alert as a locally configured alert rule): **Modify Antigen Recommendations Based on Active Diagnoses:** The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient’s current or historical diagnoses.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all clinical data provided with all required attributes indicated by [Y]:

| | |
|--|--|
| Vital Signs | Fever of 100.1 (@code LOINC 8310-5 @value 100.1) |
| Vital Signs Observation Date | Date of current visit |
| Problems (If vendor uses problems for alert computations, then this should be included.) | Problem list: (Low grade pyrexia (finding) 304213008) |
| Problem Observation Date | Date of current visit |

Notes for Testers

No Note

4.2.2. Enters a deferral for the vaccines due

Test Step Type: SUT_MANUAL

Enters a deferral for vaccines due (Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus) due to medical reason, indicating low grade fever, and defers for 1 month.

Test Story

Description

The physician accesses the record for Mariela Gonzales Morales and:

• Enters a deferral for the vaccines due (Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus) due to medical reason, indicating low grade fever, and defers for 1 month

Comments

No Comment

Pre Condition

Prior Immunization History loaded and reconciled from the Immunization Registry. Vaccine forecast is available in the EMR indicating 5 vaccines are due: Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus

Post Condition

Vaccine deferral is recorded indicating the medical reason of low grade fever

Test Objectives

Record Vaccine Administration Deferral: The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.

Evaluation Criteria

EMR Records the following vaccine administration information:

| | |
|---|---|
| Entered BY | Sandra Molina |
| Ordering Provider | Frank Smith |
| Entering Organization | Shoreline Pediatrics |
| Vaccine Event information source | New immunization record (NIP001 00) hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) pneumococcal conjugate vaccine, 13 valent (CVX 133) rotavirus, live, monovalent vaccine (CVX 119) |
| Value/Text for Vaccine Type | |
| Date/Time Vaccine not administered was recorded | Current Date |
| Alert | contraindication of fever |
| Substance/Treatment Deferral Start Date: Vaccination contraindication/precaution effective date (30946-8 LOINC) | Current Date |
| Substance/Treatment Deferral End Date/Vaccination temporary contraindication/precaution expiration date (30944-3 LOINC) : | Current Date +30 Days |
| Substance/Treatment Deferral Contraindication: Vaccination contraindication/precaution (30945-0 LOINC): | current fever with moderate-to-severe illness (PHVS_VaccinationContraindication_IIS - VXC23) |
| Completion Status: | NA |
| Date/Time Vaccine Deferral was recorded: | Current Date |

Notes for Testers

No Note

4.3. Mariela Gonzales Morales Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Mariela Gonzales Morales.

Test Story

| |
|--|
| Description |
| Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS. |
| Comments |
| No Comments |
| Pre Condition |
| The vaccines for the visit have been administered. |
| Post Condition |
| The IIS has received the vaccine information (Z22 message). |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

4.3.1. Transmit the Immunization Report for Mariela Gonzales Morales

Test Step Type: SUT_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes the vaccine deferrals and may include historical information updated in the EMR during the visit.

Test Story

| |
|---|
| Description |
| Following the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes the vaccine deferrals. The report MAY send the immunizations that the EMR imported from the IIS. |
| Comments |
| The Report must include all vaccine deferrals recorded in the EMR in any order. The report may include the information imported from the IIS |
| Pre Condition |
| The vaccines for the visit have been administered. |
| Post Condition |
| The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission. |
| Test Objectives |
| Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content. The message must contain all deferrals recorded in the EMR. Current Date is expected for the Non-Administration date and deferral date. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|----------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | Test EHR Application | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | X68 | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NIST Test Iz Reg | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20120701082240-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | VXU | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | VXU_V04 | |
| MSH-10 | Message Control ID | NIST-IZ-001.00 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z22 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|---------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Morales | Value-Test Case Fixed |
| PID-5.2 | Given Name | Mariela | Value-Test Case Fixed |
| PID-5.3 | Second and Further Given Names or Initials Thereof | Gonzales | Value-Test Case Fixed |
| PID-5.7 | Name Type Code | L | Value-Test Case Fixed |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201510011115 | Value-Test Case Fixed |
| PID-8 | Administrative Sex | F | Value-Test Case Fixed |
| PID-11[1] | Patient Address | | |
| PID-11[1].1 | Street Address | | |
| PID-11[1].1.1 | Street or Mailing Address | 3321 Standish Way | Value-Test Case Fixed |
| PID-11[1].2 | Other Designation | | |
| PID-11[1].3 | City | Stamford | Value-Test Case Fixed |
| PID-11[1].4 | State or Province | CT | Value-Test Case Fixed |
| PID-11[1].5 | Zip or Postal Code | 06903 | Value-Test Case Fixed |
| PID-11[1].6 | Country | USA | Value-Test Case Fixed |
| PID-11[1].7 | Address Type | L | Value-Test Case Fixed |
| PID-11[2] | Patient Address | | |
| PID-11[2].1 | Street Address | | |
| PID-11[2].1.1 | Street or Mailing Address | 325 Shoreline Drive | |
| PID-11[2].2 | Other Designation | | |
| PID-11[2].3 | City | Stamford | |
| PID-11[2].4 | State or Province | CT | |
| PID-11[2].5 | Zip or Postal Code | 06901 | |
| PID-11[2].6 | Country | | |
| PID-11[2].7 | Address Type | BDL | |
| PID-30 | Patient Death Indicator | | |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|-----------------|-----------------------|--------------------|-----------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | |
| ORC-17.2 | Text | Shoreline Hospital | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|-----------------|-----------------------|----------------------|-----------------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SP | |
| ORC-17.2 | Text | Shoreline Pediatrics | |
| ORC-17.3 | Name of Coding System | HL70362 | |

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151001 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | hepatitis B vaccine, pediatric or pediatric/adolescent dosage | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 08 | |
| RXA-9.2 | Text | Historical information - from public agency | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Sirtis | |
| RXA-10.3 | Given Name | Lisa | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|--|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 45 | |
| RXA-5.2 | Text | hepatitis B vaccine, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|-------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 107 | |
| RXA-5.2 | Text | DTaP, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|----------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | Hib | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|---|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 152 | |
| RXA-5.2 | Text | Pneumococcal Conjugate, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151031 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 122 | |
| RXA-5.2 | Text | rotavirus, unspecified formulation | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30945-0 | |
| OBX-3.2 | Text | Vaccination contraindication | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC23 | |
| OBX-5.2 | Text | current fever with moderate-to-severe illness | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30946-8 | |
| OBX-3.2 | Text | Vaccination contraindication/precaution effective date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30944-3 | |
| OBX-3.2 | Text | Vaccination temporary contraindication/precaution expiration date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30945-0 | |
| OBX-3.2 | Text | Vaccination contraindication | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC23 | |
| OBX-5.2 | Text | current fever with moderate-to-severe illness | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30946-8 | |
| OBX-3.2 | Text | Vaccination contraindication/precaution effective date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30944-3 | |
| OBX-3.2 | Text | Vaccination temporary contraindication/precaution expiration date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30945-0 | |
| OBX-3.2 | Text | Vaccination contraindication | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC23 | |
| OBX-5.2 | Text | current fever with moderate-to-severe illness | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30946-8 | |
| OBX-3.2 | Text | Vaccination contraindication/precaution effective date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30944-3 | |
| OBX-3.2 | Text | Vaccination temporary contraindication/precaution expiration date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30945-0 | |
| OBX-3.2 | Text | Vaccination contraindication | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC23 | |
| OBX-5.2 | Text | current fever with moderate-to-severe illness | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30946-8 | |
| OBX-3.2 | Text | Vaccination contraindication/precaution effective date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30944-3 | |
| OBX-3.2 | Text | Vaccination temporary contraindication/precaution expiration date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30945-0 | |
| OBX-3.2 | Text | Vaccination contraindication | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC23 | |
| OBX-5.2 | Text | current fever with moderate-to-severe illness | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30946-8 | |
| OBX-3.2 | Text | Vaccination contraindication/precaution effective date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20150715 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | TS | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30944-3 | |
| OBX-3.2 | Text | Vaccination temporary contraindication/precaution expiration date | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Time | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20151031 | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|---|------|
| Test Case ID | Mariela Gonzales Morales Transmit Immunization Report | |
| 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 |
| ID Number | 123456 | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | Mariela Gonzales Morales | |
| Date of Birth | 10/01/2015 | |
| Sex | Female | |
| Address 1 | | |
| Street | 3321 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Address 2 | | |
| Street | 325 Shorline Drive | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06901 | |
| Country | | |
| Address Type | BDL | |
| Mother's Maiden Name | Joanna Elena Gonzales | |

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.

4.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

Test Story

| |
|---|
| Description |
| The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message. |
| Comments |
| No Comments |
| Pre Condition |
| A VXU message is generated by the EHR. |
| Post Condition |
| The ACK Z23 is received by the EHR. |
| Test Objectives |
| <i>Transmit Standard Patient Immunization History Report:</i> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries. |
| Evaluation Criteria |
| The acknowledgement message is consumed by the system responsible for the content of the administration message without error. |
| Notes for Testers |
| No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|-----------------|------------------------------------|--------------------------------|-----------------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | NISTIISAPP | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | NISTIISFAC | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | NISTEHRAPP | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | NISTEHRFAC | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20160224073734.034-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | ACK | |
| MSH-9.2 | Trigger Event | V04 | |
| MSH-9.3 | Message Structure | ACK | |
| MSH-10 | Message Control ID | NIST-IZ-AD-1.2_Receive_ACK_Z23 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z23 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | NISTIISFAC | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | NISTEHRFAC | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|-----------------|---------------------|-----------------------------|-----------------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | NIST-IZ-AD-1.1_Send_V04_Z22 | |

Test Data Specification

Patient Information

| Element | Data |
|---|-------------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|------|------|
| Test Case ID | | |
| Juror ID | | |
| Juror Name | | |
| HIT System Tested | | |
| Inspection Date/Time | | |
| Inspection Settlement (Pass/Fail) | Pass | Fail |
| Reason Failed | | |
| Juror Comments | | |

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 |
| 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. | | |

4.4. Mariana Gonzales Morales Display Immunization Report

Produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Test Story

| |
|--|
| Description |
| Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.) |
| Comments |
| No Comments |
| Pre Condition |
| Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered. |
| Post Condition |
| The patient/parent has been provided a patient immunization history report. |
| Test Objectives |
| <i>Produce Standard Patient Immunization History Report:</i> The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers. |
| <i>Produce Immunization Forecast Report:</i> The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame. |
| Evaluation Criteria |
| Evaluation criteria is defined within each test step. |
| Notes for Testers |
| No Note |

4.4.1. Produce an immunization report for Juan Marcel Gonzales including all history

Test Step Type: SUT_MANUAL

The EMR is used to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

Test Story

Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

Post Condition

The patient/parent has been provided a patient immunization history report.

Test Objectives

Produce Standard Patient Immunization History Report: The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

Produce Immunization Forecast Report: The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

Evaluation Criteria

The following patient demographics are displayed:

Patient Identifier Number: Vendor Supplied

Patient Identifier Type Code: Vendor Supplied

Patient Name: Mariela Gonzales Morales

Date/Time of Birth: 10/1/2015 11:00am

Sex: Female

Patient Address: 3321 Standish Way, Stamford, CT 06903

Multiple Birth: Y

Birth Order: 1

The following Vaccination History is displayed:

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 10/1/2015

Additional Observations:

Dose #: 1

Doses in Series: 3

Valid Dose: Y

Ordering Provider: Jane Carter

Entered By: Lisa Sirtis

Entering Organization: Shoreline Hospital

Administered Amt: .05 mL

Administering Provider: Jane Carter

Administered at Location: 325 Shoreline Drive,

Stamford Connecticut 06901

Lot#: 6332FL432

Exp Date: 12/14/2015

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

The Following Vaccine Forecast is displayed:

Vaccine Group: Hep B Peds NOS

Due Date: 6/29/2015

Earliest Date to Give: 10/31/2015

Latest Date to Give: 11/30/2015

Overdue Date: 12/1/2015

Immunization Schedule: ACIP

Vaccine Group: DTaP

Due Date: 11/30/2015

Earliest Date to Give: 11/30/2015

Latest Date to Give:

Overdue Date:

Immunization Schedule: ACIP

Vaccine Group: Hib

Due Date: 11/30/2015

Earliest Date to Give: 11/30/2015

Latest Date to Give:

Overdue Date:

Immunization Schedule: ACIP

Vaccine Group: IPV

Due Date: 11/30/2015

Earliest Date to Give: 11/30/2015

Latest Date to Give:

Overdue Date:

Immunization Schedule: ACIP

Vaccine Group: Pneumococcal conjugate

Due Date: 11/30/2015

Earliest Date to Give: 11/30/2015

Latest Date to Give:

Overdue Date:

Immunization Schedule: ACIP

Vaccine Group: Rotavirus

Due Date: 11/30/2015

Earliest Date to Give: 11/30/2015

Latest Date to Give:

Overdue Date:
Immunization Schedule: ACIP
Vaccine Group: Influenza
Due Date: Nov 26, 2015 or later
later
Earliest Date to Give: 08/31/2016
Latest Date to Give:
Overdue Date:
Immunization Schedule: ACIP
Vaccine Group: HepA
Due Date: 5/29/2016
Earliest Date to Give: 9/30/2016
Latest Date to Give: 9/30/2017
Overdue Date: 10/1/2017
Immunization Schedule: ACIP
Vaccine Group: MMR
Due Date: 9/30/2016
Earliest Date to Give: 9/30/2016
Latest Date to Give: 12/29/2016
Overdue Date: 12/30/2016
Immunization Schedule: ACIP
Vaccine Group: Varicella
Due Date: 9/30/2016
Earliest Date to Give: 9/30/2016
Latest Date to Give: 12/29/2016
Overdue Date: 12/30/2016
Immunization Schedule: ACIP

Notes for Testers

No Note

5. Juana Maria Gonzales Morales Visit

No Description

5.1. Query the Registry for Juana Maria Gonzales Morales.

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Maria Gonzales Morales

Test Story

Description

The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Maria Gonzales Morales. Querying the registry will consist of the vendor creating Z44 messages for Juana Maria Gonzales Morales to be sent to the registry.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry, and create a new forecast after reconciling the information.

Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load.

Comments

Note: This Test Case includes the query response functionality. While the system under test will not be able to perform the query/response functions, the rationale will be documented in the tool. This Test Case includes additional functionality for reconciling the history and providing vaccine forecast information based upon the data that was manually entered during the Initial Data Load.

Pre Condition

Juana Maria Gonzales Morales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the Juana Maria Gonzales Morales Initial Data Load'

Post Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

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.

View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast.

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Evaluation Criteria

Evaluation criteria is defined within each test step.

Notes for Testers

No Note

5.1.1. Select Patient Juana Maria Gonzales Morales

Test Step Type: SUT MANUAL

Select patient Juana Maria Gonzales Morales, Infant Twin, distinguishing the patient from other patients with similar demographics (twins).

Test Story

Description

Juana Maria Gonzales Morales is selected as the patient and her record is opened in the EMR.

Comments

No Comments

Pre Condition

Juana Maria Gonzales Morales Initial Data Load completed.

Post Condition

Juana Maria Gonzales Morales is the active working patient in the EMR.

Test Objectives

Select New Patient: The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Evaluation Criteria

Tester shall verify that the product can distinguish Juana Maria Gonzales Morales from similar sounding names and her twin using all of the pediatric demographics:

- Patient ID (previously listed as "Medicaid Number") -**Vendor supplied**
- Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name -**Shoreline Pediatrics**
- Patient ID: Type (e.g., medical record number, IIS ID) -**Vendor supplied**
- Patient Name: First - **Juana**
- Patient Name: Middle - **Maria Gonzales**
- Patient Name: Last - **Morales**
- Patient Date of Birth - **10/01/2015**
- Birth Time - **11:15**
- Patient Gender (Administrative Sex) -**F**
- Patient Multiple Birth Indicator - **Yes**
- Patient Birth Order - 2
- Responsible Person Name: First - **Joanna**
- Responsible Person Name: Middle - **Gonzales**
- Responsible Person Name: Last - **Morales**
- Responsible Person Name: Relationship to Patient - **Mother**
- Mother's Name: First - **Joanna**
- Mother's Name: Middle - **Gonzales**
- Mother's Name: Last - **Morales**
- Mother's Name: Maiden Last - **Gonzales**
- Patient Address: Street -**3321 Standish Way**
- Patient Address: City -**Stamford**
- Patient Address: State -**CT**
- Patient Address: Country -**US**
- Patient Address: Zipcode - **06903**
- Patient Address: County of Residence -**Fairfield**
- Race - **White**
- Ethnicity - **Hispanic or Latino**
- Birthing Facility Name (Birth Delivery Location Address BDL) -**Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903**
- Patient Birth State - **CT**
- Patient Primary Language - **English**
- Patient Telephone Number - **(203) 555-1214**
- Patient Telephone Number Type (e.g., home, cell) -**home**
- Patient E-mail Address -
- Publicity Code
- Protection Indicator
- Protection Indicator Effective Date
- Immunization Registry Status
- Preferred Contact Method -**Phone**

Notes for Testers

No Note

5.1.2. Query Registry for vaccination history and forecast for Juana Maria Gonzales Morales

Test Step Type: SUT_INITIATOR

Vendor SHALL be able to Generate a Z44 Query correctly and without omission according to supplied test data

Test Story

| |
|--|
| Description The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry. |
| Comments Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Pre Condition Juana Maria Gonzales Morales Initial Data Load is completed. Juana Maria Gonzales Morales is the active working patient in the EMR. |
| Post Condition The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Maria Gonzales Morales. |
| Test Objectives Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5). |
| Evaluation Criteria Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission. Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied. Documentation for this test step should be provided regarding target implementation dates for implementing query support, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Notes for Testers No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20140515001020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | QBP | |
| MSH-9.2 | Trigger Event | Q11 | |
| MSH-9.3 | Message Structure | QBP_Q11 | |
| MSH-10 | Message Control ID | 793543 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | ER | |
| MSH-16 | Application Acknowledgment Type | AL | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z44 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | | |
| MSH-22.10 | Organization Identifier | | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | 123456 | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | MYEHR | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | MR | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Morales | Value-Test Case Fixed |
| QPD-4.2 | Given Name | Juana | Value-Test Case Fixed |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Maria Gonzales | Value-Test Case Fixed |
| QPD-4.7 | Name Type Code | L | Value-Test Case Fixed |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Gonzales | Value-Test Case Fixed |
| QPD-5.7 | Name Type Code | M | Value-Test Case Fixed |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 20151001 | Value-Test Case Fixed |
| QPD-7 | Patient Sex | F | Value-Test Case Fixed |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 3321 Standish Way | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | |
| QPD-8.4 | State or Province | CT | |
| QPD-8.5 | Zip or Postal Code | 06903 | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | |
| QPD-9.3 | Telecommunication Equipment Type | PH | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | |
| QPD-9.7 | Local Number | 5551214 | |
| QPD-10 | Multiple birth indicator | Y | Value-Test Case Fixed |
| QPD-11 | Birth order | 2 | Value-Test Case Fixed |

RCP : Response Control Parameter

| Location | Data Element | Data | Categorization |
|-----------|--------------------------|---------|----------------|
| RCP-1 | Query Priority | I | |
| RCP-2 | Quantity Limited Request | | |
| RCP-2.1 | Quantity | 1 | |
| RCP-2.2 | Units | | |
| RCP-2.2.1 | Identifier | RD | |
| RCP-2.2.2 | Text | Records | |
| RCP-2.2.3 | Name of Coding System | HL70126 | |

Test Data Specification

Patient Information

| Element | Data |
|----------------------|-------------------------------------|
| Patient Name | Juana Maria Gonzales Morales |
| Mother's Maiden Name | Gonzales |
| ID Number | 123456 |
| Date/Time of Birth | 10/01/2015 |
| Sex | Female |
| Patient Address | 3321 Standish Way Stamford CT 06903 |
| Patient Phone | (203)555-1214 |
| Birth Indicator | Yes |
| Birth Order | 2 |

5.1.3. View and import response to request for vaccination history for Juana Maria Gonzales Morales

Test Step Type: TA_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR.

Test Story

| |
|--|
| Description The physician accesses the record for Juana Maria Gonzales Morales and: • Accepts the single vaccine in the registry record into the EHR history |
| Comments There is no reconciliation step as all historical data has been entered during the Initial Data Load. Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Pre Condition A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import. |
| Post Condition Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Maria Gonzales Morales) |
| Test Objectives 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. Real Time Request/Receive Patient Immunization History: The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5). |
| Evaluation Criteria There are no immunization records to be imported into the EMR as the full history has been manually entered during the Initial Data Load. The system under test may demonstrate any import capabilities available. These should be documented as part of this test step. NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Notes for Testers No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|---------------------|--------|----------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | 793543 | |

QAK : Query Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--|----------------|
| QAK-1 | Query Tag | 37374859 | |
| QAK-2 | Query Response Status | OK | |
| QAK-3 | Message Query Name | | |
| QAK-3.1 | Identifier | Z44 | |
| QAK-3.2 | Text | Request Evaluated History and Forecast | |
| QAK-3.3 | Name of Coding System | CDCPHINVS | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Morales | |
| QPD-4.2 | Given Name | Juana | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Maria Gonzales | |
| QPD-4.7 | Name Type Code | L | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Morales | |
| QPD-5.7 | Name Type Code | M | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 201510011100 | |
| QPD-7 | Patient Sex | F | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 3321 Standish Way | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | |
| QPD-8.4 | State or Province | CT | |
| QPD-8.5 | Zip or Postal Code | 06903 | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | |
| QPD-9.3 | Telecommunication Equipment Type | PH | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | |
| QPD-9.7 | Local Number | 5551214 | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | BG2 | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201510011115 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 3321 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | |
| ORC-17.2 | Text | Stamford Regional Hospital | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151001 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | Hepatitis B | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Pike | |
| RXA-10.3 | Given Name | Susan | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 45 | |
| OBX-5.2 | Text | Hep B, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | DTaP, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 4 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 08 | |
| OBX-5.2 | Text | Hib | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 9 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 13 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 152 | |
| OBX-5.2 | Text | Pneumococcal Conjugate, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 17 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 21 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 23 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20170930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20171001 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 28 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 30 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

| OBX : Observation/Result | | | |
|--------------------------|------------------------------|-----------------------|----------------|
| Location | Data Element | Data | Categorization |
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 31 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

| Evaluated Immunization History and Immunization Forecast | | |
|--|--|------|
| Test Case ID | Query the Registry for Juana Maria 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 | |
| ID Number | 123456 | Patient Identifier | |
| Namespace ID | MYEHR | Assigning Authority | |
| ID Type | MR | | |
| ID Number | 987633 | Patient Identifier | |
| Namespace ID | MYIIS | Assigning Authority | |
| ID Type | SR | | |
| Name | BG2 Gonzales | | |
| Date of Birth | 10/01/2015 | | |
| Sex | Female | | |
| Address 1 | | | |
| Street | 3321 Standish Way | | |
| Other Designation | | | |
| City | Stamford | | |
| State | CT | | |
| Zip Code | 06903 | | |
| Country | USA | | |
| Address Type | L | | |
| Mother's Maiden Name | Joanna Gonzales 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 | 10/01/2015 | |
| Date/Time Administration-End | 10/01/2015 | |
| 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 Location | | |
| 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 | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | 10/31/2015 | |
| Earliest Date to Give | 10/31/2015 | |
| Latest Date to Give | 11/30/2015 | |
| Date When Vaccine Overdue | 12/01/2015 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | DTaP, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hib | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |

| Immunization Forecast | | |
|-------------------------------|---|----------------|
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | IPV | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Pneumococcal Conjugate, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 08/31/2016 | |
| Earliest Date to Give | 08/31/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | MMR | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

5.1.4. View the vaccination forecast for Juana Maria Gonzales Morales returned by the Immunization Registry

Test Step Type: TA_RESPONDER

The EMR displays the current Immunization Forecast to the user for Juana Maria Gonzales Morales as returned by the Immunization Registry Z42 response.

Test Story

| |
|--|
| Description The physician accesses the record for Juana Maria Gonzales Morales and: • Views the vaccine forecast provided by the Immunization Registry |
| Comments Documentation for this test step should be provided regarding target implementation dates for implementing support for importing from a Z44/Z42 query/response messages and display of vaccination forecast delivered by the Immunization Registry, along with rationale for deferring or omitting support for the functionality. |
| Pre Condition A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR. The response containing the vaccine forecast is returned from the IIS, and is available in the EMR. |
| Post Condition A vaccine forecast based upon the complete vaccine history as returned from the IIS is available to the user. |
| Test Objectives View Immunization Forecast: The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, ideal date, and maximum (latest) date for each vaccine included in the forecast. |
| Evaluation Criteria 1. Tester verifies that the vendor can display the immunization forecast returned by the immunization Registry. 2. Verify that the EMR includes in the vaccine forecast: Hep B Peds NOS due on 6/29/2015 DTaP due on 7/29/2015 Hib due on 7/29/2015 IPV due on 7/29/2015 Pneumococcal conjugate due on 7/29/2015 Rotavirus due on 7/29/2015 HepA due on 5/29/2016 MMR due on 5/29/2016 Varicella due on 5/29/2016 influenza, unspecified formulation due on Nov 26, 2015 or later NOTE: Given that this test plan anticipates that the EMR does not support interactive query response, documentation for this test step should be provided regarding target implementation dates for implementing for HL7 Z44/Z42, and rationale for deferring or omitting support for the functionality for query/response from the Immunization Registry. |
| Notes for Testers No Note |

Message Contents

MSH : Message Header

| Location | Data Element | Data | Categorization |
|------------|------------------------------------|---------------------|----------------|
| MSH-1 | Field Separator | | |
| MSH-2 | Encoding Characters | ~\& | |
| MSH-3 | Sending Application | | |
| MSH-3.1 | Namespace ID | MYIIS | |
| MSH-3.2 | Universal ID | | |
| MSH-3.3 | Universal ID Type | | |
| MSH-4 | Sending Facility | | |
| MSH-4.1 | Namespace ID | MyStateIIS | |
| MSH-4.2 | Universal ID | | |
| MSH-4.3 | Universal ID Type | | |
| MSH-5 | Receiving Application | | |
| MSH-5.1 | Namespace ID | MYEHR | |
| MSH-5.2 | Universal ID | | |
| MSH-5.3 | Universal ID Type | | |
| MSH-6 | Receiving Facility | | |
| MSH-6.1 | Namespace ID | Myclinic | |
| MSH-6.2 | Universal ID | | |
| MSH-6.3 | Universal ID Type | | |
| MSH-7 | Date/Time Of Message | | |
| MSH-7.1 | Time | 20091130020020-0500 | |
| MSH-9 | Message Type | | |
| MSH-9.1 | Message Code | RSP | |
| MSH-9.2 | Trigger Event | K11 | |
| MSH-9.3 | Message Structure | RSP_K11 | |
| MSH-10 | Message Control ID | 7731029 | |
| MSH-11 | Processing ID | | |
| MSH-11.1 | Processing ID | P | |
| MSH-12 | Version ID | | |
| MSH-12.1 | Version ID | 2.5.1 | |
| MSH-15 | Accept Acknowledgment Type | NE | |
| MSH-16 | Application Acknowledgment Type | NE | |
| MSH-21 | Message Profile Identifier | | |
| MSH-21.1 | Entity Identifier | Z42 | |
| MSH-21.2 | Namespace ID | CDCPHINVS | |
| MSH-21.3 | Universal ID | | |
| MSH-21.4 | Universal ID Type | | |
| MSH-22 | Sending Responsible Organization | | |
| MSH-22.1 | Organization Name | A_Clinic | |
| MSH-22.6 | Assigning Authority | | |
| MSH-22.6.1 | Namespace ID | X68 | |
| MSH-22.6.2 | Universal ID | | |
| MSH-22.6.3 | Universal ID Type | | |
| MSH-22.7 | Identifier Type Code | AN | |
| MSH-22.10 | Organization Identifier | A_Clinic1234 | |
| MSH-23 | Receiving Responsible Organization | | |
| MSH-23.1 | Organization Name | | |
| MSH-23.6 | Assigning Authority | | |
| MSH-23.6.1 | Namespace ID | | |
| MSH-23.6.2 | Universal ID | | |
| MSH-23.6.3 | Universal ID Type | | |
| MSH-23.7 | Identifier Type Code | | |
| MSH-23.10 | Organization Identifier | | |

MSA : Message Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|---------------------|--------|----------------|
| MSA-1 | Acknowledgment Code | AA | |
| MSA-2 | Message Control ID | 793543 | |

QAK : Query Acknowledgment

| Location | Data Element | Data | Categorization |
|----------|-----------------------|--|----------------|
| QAK-1 | Query Tag | 37374859 | |
| QAK-2 | Query Response Status | OK | |
| QAK-3 | Message Query Name | | |
| QAK-3.1 | Identifier | Z44 | |
| QAK-3.2 | Text | Request Evaluated History and Forecast | |
| QAK-3.3 | Name of Coding System | CDCPHINVS | |

QPD : Query Parameter Definition

| Location | Data Element | Data | Categorization |
|-----------------|--|--|-----------------------|
| QPD-1 | Message Query Name | | |
| QPD-1.1 | Identifier | Z44 | |
| QPD-1.2 | Text | Request Evaluated History and Forecast | |
| QPD-1.3 | Name of Coding System | CDCPHINVS | |
| QPD-2 | Query Tag | 37374859 | |
| QPD-3 | PatientList | | |
| QPD-3.1 | ID Number | | |
| QPD-3.4 | Assigning Authority | | |
| QPD-3.4.1 | Namespace ID | | |
| QPD-3.4.2 | Universal ID | | |
| QPD-3.4.3 | Universal ID Type | | |
| QPD-3.5 | Identifier Type Code | | |
| QPD-4 | PatientName | | |
| QPD-4.1 | Family Name | | |
| QPD-4.1.1 | Surname | Morales | |
| QPD-4.2 | Given Name | Juana | |
| QPD-4.3 | Second and Further Given Names or Initials Thereof | Maria Gonzales | |
| QPD-4.7 | Name Type Code | L | |
| QPD-5 | PatientMotherMaidenName | | |
| QPD-5.1 | Family Name | | |
| QPD-5.1.1 | Surname | Morales | |
| QPD-5.7 | Name Type Code | M | |
| QPD-6 | PatientDateOfBirth | | |
| QPD-6.1 | Time | 201510011100 | |
| QPD-7 | Patient Sex | F | |
| QPD-8 | Patient Address | | |
| QPD-8.1 | Street Address | | |
| QPD-8.1.1 | Street or Mailing Address | 3321 Standish Way | |
| QPD-8.2 | Other Designation | | |
| QPD-8.3 | City | Stamford | |
| QPD-8.4 | State or Province | CT | |
| QPD-8.5 | Zip or Postal Code | 06903 | |
| QPD-8.6 | Country | | |
| QPD-8.7 | Address Type | L | |
| QPD-9 | Phone | | |
| QPD-9.2 | Telecommunication Use Code | PRN | |
| QPD-9.3 | Telecommunication Equipment Type | PH | |
| QPD-9.4 | Email Address | | |
| QPD-9.6 | Area/City Code | 203 | |
| QPD-9.7 | Local Number | 5551214 | |
| QPD-10 | Multiple birth indicator | | |
| QPD-11 | Birth order | | |

PID : Patient Identification

| Location | Data Element | Data | Categorization |
|-----------------|--|-------------------|-----------------------|
| PID-1 | Set ID - PID | 1 | |
| PID-3[1] | Patient Identifier List | | |
| PID-3[1].1 | ID Number | 123456 | |
| PID-3[1].4 | Assigning Authority | | |
| PID-3[1].4.1 | Namespace ID | MYEHR | |
| PID-3[1].4.2 | Universal ID | | |
| PID-3[1].4.3 | Universal ID Type | | |
| PID-3[1].5 | Identifier Type Code | MR | |
| PID-3[2] | Patient Identifier List | | |
| PID-3[2].1 | ID Number | 987633 | |
| PID-3[2].4 | Assigning Authority | | |
| PID-3[2].4.1 | Namespace ID | MYIIS | |
| PID-3[2].4.2 | Universal ID | | |
| PID-3[2].4.3 | Universal ID Type | | |
| PID-3[2].5 | Identifier Type Code | SR | |
| PID-5 | Patient Name | | |
| PID-5.1 | Family Name | | |
| PID-5.1.1 | Surname | Gonzales | |
| PID-5.2 | Given Name | BG2 | |
| PID-5.3 | Second and Further Given Names or Initials Thereof | | |
| PID-5.7 | Name Type Code | L | |
| PID-7 | Date/Time of Birth | | |
| PID-7.1 | Time | 201510011115 | |
| PID-8 | Administrative Sex | F | |
| PID-11 | Patient Address | | |
| PID-11.1 | Street Address | | |
| PID-11.1.1 | Street or Mailing Address | 3321 Standish Way | |
| PID-11.2 | Other Designation | | |
| PID-11.3 | City | Stamford | |
| PID-11.4 | State or Province | CT | |
| PID-11.5 | Zip or Postal Code | 06903 | |
| PID-11.6 | Country | USA | |
| PID-11.7 | Address Type | L | |
| PID-30 | Patient Death Indicator | | |

ORC[*]

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------------------------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 197027 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | SH | |
| ORC-17.2 | Text | Stamford Regional Hospital | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

ORC : Common Order

| Location | Data Element | Data | Categorization |
|----------|-----------------------|----------|----------------|
| ORC-1 | Order Control | RE | |
| ORC-2 | Placer Order Number | | |
| ORC-2.1 | Entity Identifier | | |
| ORC-2.2 | Namespace ID | | |
| ORC-2.3 | Universal ID | | |
| ORC-2.4 | Universal ID Type | | |
| ORC-3 | Filler Order Number | | |
| ORC-3.1 | Entity Identifier | 9999 | |
| ORC-3.2 | Namespace ID | DCS | |
| ORC-3.3 | Universal ID | | |
| ORC-3.4 | Universal ID Type | | |
| ORC-17 | Entering Organization | | |
| ORC-17.1 | Identifier | STIIS | |
| ORC-17.2 | Text | StateIIS | |
| ORC-17.3 | Name of Coding System | HL70362 | |

| Location | Data Element | Data | Categorization |
|------------|--|--------------------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20151001 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 08 | |
| RXA-5.2 | Text | Hepatitis B | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 0.5 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | mL | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | UCUM | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | 00 | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | NIP001 | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | Pike | |
| RXA-10.3 | Given Name | Susan | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | DCS_DC | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | SKB | |
| RXA-17.2 | Text | GlaxoSmithKline Biologicals SA | |
| RXA-17.3 | Name of Coding System | MVX | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | CP | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXA : Pharmacy/Treatment Administration

| Location | Data Element | Data | Categorization |
|------------|--|------------------|----------------|
| RXA-1 | Give Sub-ID Counter | 0 | |
| RXA-2 | Administration Sub-ID Counter | 1 | |
| RXA-3 | Date/Time Start of Administration | | |
| RXA-3.1 | Time | 20150601 | |
| RXA-5 | Administered Code | | |
| RXA-5.1 | Identifier | 998 | |
| RXA-5.2 | Text | no vaccine admin | |
| RXA-5.3 | Name of Coding System | CVX | |
| RXA-6 | Administered Amount | 999 | |
| RXA-7 | Administered Units | | |
| RXA-7.1 | Identifier | | |
| RXA-7.2 | Text | | |
| RXA-7.3 | Name of Coding System | | |
| RXA-9 | Administration Notes | | |
| RXA-9.1 | Identifier | | |
| RXA-9.2 | Text | | |
| RXA-9.3 | Name of Coding System | | |
| RXA-10 | Administering Provider | | |
| RXA-10.1 | ID Number | | |
| RXA-10.2 | Family Name | | |
| RXA-10.2.1 | Surname | | |
| RXA-10.3 | Given Name | | |
| RXA-10.4 | Second and Further Given Names or Initials Thereof | | |
| RXA-10.9 | Assigning Authority | | |
| RXA-10.9.1 | Namespace ID | | |
| RXA-10.9.2 | Universal ID | | |
| RXA-10.9.3 | Universal ID Type | | |
| RXA-10.10 | Name Type Code | | |
| RXA-10.13 | Identifier Type Code | | |
| RXA-11 | Administered-at Location | | |
| RXA-11.4 | Facility | | |
| RXA-11.4.1 | Namespace ID | | |
| RXA-11.4.2 | Universal ID | | |
| RXA-11.4.3 | Universal ID Type | | |
| RXA-17 | Substance Manufacturer Name | | |
| RXA-17.1 | Identifier | | |
| RXA-17.2 | Text | | |
| RXA-17.3 | Name of Coding System | | |
| RXA-18 | Substance/Treatment Refusal Reason | | |
| RXA-18.1 | Identifier | | |
| RXA-18.2 | Text | | |
| RXA-18.3 | Name of Coding System | | |
| RXA-20 | Completion Status | NA | |

RXR : Pharmacy/Treatment Route

| Location | Data Element | Data | Categorization |
|----------|-----------------------|------------|----------------|
| RXR-1 | Route | | |
| RXR-1.1 | Identifier | C28161 | |
| RXR-1.2 | Text | IM | |
| RXR-1.3 | Name of Coding System | NCIT | |
| RXR-2 | Administration Site | | |
| RXR-2.1 | Identifier | LT | |
| RXR-2.2 | Text | Left Thigh | |
| RXR-2.3 | Name of Coding System | HL70163 | |

OBX[*]

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 31 | |
| OBX-5.2 | Text | Hep B Peds NOS | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59782-3 | |
| OBX-3.2 | Text | number of doses in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 3 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | ID | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59781-5 | |
| OBX-3.2 | Text | Dose validity | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | Y | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 45 | |
| OBX-5.2 | Text | Hep B, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 3 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151031 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151201 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | 2 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 107 | |
| OBX-5.2 | Text | DTaP, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 4 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 08 | |
| OBX-5.2 | Text | Hib | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 9 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 10 | |
| OBX-5.2 | Text | IPV | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 13 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|---|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 152 | |
| OBX-5.2 | Text | Pneumococcal Conjugate, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 17 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 122 | |
| OBX-5.2 | Text | rotavirus, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20151130 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 21 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 88 | |
| OBX-5.2 | Text | influenza, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160831 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 23 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------------------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 85 | |
| OBX-5.2 | Text | Hep A, unspecified formulation | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20170930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20171001 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 28 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 2 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 03 | |
| OBX-5.2 | Text | MMR | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 30 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|--------------|----------------|
| OBX-1 | Set ID - OBX | 1 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30956-7 | |
| OBX-3.2 | Text | vaccine type | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | 21 | |
| OBX-5.2 | Text | Varicella | |
| OBX-5.3 | Name of Coding System | CVX | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------------|----------------|
| OBX-1 | Set ID - OBX | 2 | |
| OBX-2 | Value Type | CE | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59779-9 | |
| OBX-3.2 | Text | Immunization Schedule used | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | | |
| OBX-5.1 | Identifier | VXC16 | |
| OBX-5.2 | Text | ACIP | |
| OBX-5.3 | Name of Coding System | CDCPHINVS | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 3 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30981-5 | |
| OBX-3.2 | Text | Earliest date to give | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 4 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30980-7 | |
| OBX-3.2 | Text | Date vaccination due | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20160930 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|------------------------------------|----------------|
| OBX-1 | Set ID - OBX | 5 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59777-3 | |
| OBX-3.2 | Text | Latest date next dose may be given | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161229 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|----------------------|----------------|
| OBX-1 | Set ID - OBX | 6 | |
| OBX-2 | Value Type | DT | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 59778-1 | |
| OBX-3.2 | Text | Date dose is overdue | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 1 | |
| OBX-5 | Observation Value | 20161230 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | | |

OBX : Observation/Result

| Location | Data Element | Data | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1 | Set ID - OBX | 7 | |
| OBX-2 | Value Type | NM | |
| OBX-3 | Observation Identifier | | |
| OBX-3.1 | Identifier | 30973-2 | |
| OBX-3.2 | Text | dose number in series | |
| OBX-3.3 | Name of Coding System | LN | |
| OBX-4 | Observation Sub-ID | 31 | |
| OBX-5 | Observation Value | 1 | |
| OBX-6 | Units | | |
| OBX-6.1 | Identifier | NA | |
| OBX-6.2 | Text | | |
| OBX-6.3 | Name of Coding System | HL70353 | |
| OBX-11 | Observation Result Status | F | |
| OBX-14 | Date/Time of the Observation | | |
| OBX-14.1 | Time | 20141216 | |

Test Data Specification

Patient Information

| Element | Data |
|---|------|
| This information will be automatically supplied by the System | |

Juror Document

Evaluated Immunization History and Immunization Forecast

| | | |
|-----------------------------------|--|------|
| Test Case ID | Query the Registry for Juana Maria 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 |
| ID Number | 123456 | |
| Namespace ID | MYEHR | |
| ID Type | MR | |
| Patient Identifier | | |
| ID Number | 987633 | |
| Namespace ID | MYIIS | |
| ID Type | SR | |
| Name | BG2 Gonzales | |
| Date of Birth | 10/01/2015 | |
| Sex | Female | |
| Address 1 | | |
| Street | 3321 Standish Way | |
| Other Designation | | |
| City | Stamford | |
| State | CT | |
| Zip Code | 06903 | |
| Country | USA | |
| Address Type | L | |
| Mother's Maiden Name | Joanna Gonzales 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 | 10/01/2015 | |
| Date/Time Administration-End | 10/01/2015 | |
| 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 Location | | |
| 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 | 1 | |
| Number of Doses in Series | 3 | |
| Immunization Series Name | | |
| Status in Immunization Series | | |
| Immunization Schedule Used | ACIP | |

* "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 | 10/31/2015 | |
| Earliest Date to Give | 10/31/2015 | |
| Latest Date to Give | 11/30/2015 | |
| Date When Vaccine Overdue | 12/01/2015 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | DTaP, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | Data | Tester Comment |
| Vaccine Group | Hib | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |

| Immunization Forecast | | |
|-------------------------------|---|----------------|
| Status in Immunization Series | Data | Tester Comment |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | IPV | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Pneumococcal Conjugate, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | rotavirus, unspecified formulation | |
| Vaccine Due Date | 11/30/2015 | |
| Earliest Date to Give | 11/30/2015 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | influenza, unspecified formulation | |
| Vaccine Due Date | 08/31/2016 | |
| Earliest Date to Give | 08/31/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Hep A, unspecified formulation | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 09/30/2017 | |
| Date When Vaccine Overdue | 10/01/2017 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | MMR | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |
| Element Name | | |
| Vaccine Group | Varicella | |
| Vaccine Due Date | 09/30/2016 | |
| Earliest Date to Give | 09/30/2016 | |
| Latest Date to Give | 12/29/2016 | |
| Date When Vaccine Overdue | 12/30/2016 | |
| Status in Immunization Series | | |
| Forecast Reason | | |

5.1.5. View the vaccination forecast for Juana Maria Gonzales Morales

Test Step Type: SUT MANUAL

The EMR displays the current Immunization Forecast to the user for Juana Maria Gonzales Morales either as returned by the IIS in prior step, or as generated thru any local means.

Test Story

Description

The physician accesses the record for Juana Maria Gonzales Morales and:

- • Views the vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods)

Comments

No Comments

Pre Condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Juana Maria Gonzales Morales)

Post Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

Test Objectives

View Reconciled Immunization Forecast: The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:
2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 6/29/2015

DTaP due on 7/29/2015

Hib due on 7/29/2015

IPV due on 7/29/2015

Pneumococcal conjugate due on 7/29/2015

Rotavirus due on 7/29/2015

HepA due on 5/29/2016

MMR due on 5/29/2016

Varicella due on 5/29/2016

Influenza, unspecified formulation due on Nov 26, 2015 or later

Notes for Testers

No Note

6. Cohort Report

This test will consist of generating a cohort report to list all patients who are overdue for immunizations showing all overdue immunizations with the associated due/overdue dates.

6.1. Overdue Immunizations

List all patients who are overdue for immunizations showing all overdue immunizations.

Test Story

Description

The provider periodically uses the EMR to identify the cohort of patients that are overdue for immunizations along with their contact information in order to send reminder notifications to the patients/parents.

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. The vaccine forecast is available to the EMR.

Post Condition

The Cohort report for all patients that are overdue for immunizations is available to the provider through the EMR.

Test Objectives

Produce Population-Level Report: The EHR or other clinical system generates aggregate, population-level reports based on known patient immunization data.

Evaluation Criteria

The following patient information is provided on the cohort report:

| | |
|---|------------------------------|
| Patient Name | Mariela Gonzales Morales |
| Preferred Contact Method | Phone |
| Contact information using preferred contact (email, text, phone, mailing address) | (203) 555-1214 |
| Patient Identifier Number | Vendor Supplied |
| Patient Identifier Type Code | Vendor Supplied |
| Date/Time of Birth | 5/30/2015 11am |
| Sex | Female |
| Vaccine Group | Hep B Peds NOS |
| Latest Date to Give | 5/29/15 |
| Overdue Date | 5/29/15 |
| Dose # | 2 |
| Dose in Series | 3 |
| Link to full record | Vendor Supplied |
| | |
| Patient Name | Juana Maria Gonzales Morales |
| Preferred Contact Method | Phone |
| Contact information using preferred contact (email, text, phone, mailing address) | (203) 555-1214 |
| Patient Identifier Number | Vendor Supplied |
| Patient Identifier Type Code | Vendor Supplied |
| Date/Time of Birth | 5/30/2015 11:15am |
| Sex | Female |
| Vaccine Group | Hep B Peds NOS |
| Latest Date to Give | 5/29/15 |
| Overdue Date | 5/29/15 |
| Dose # | 2 |
| Dose in Series | 3 |
| Link to full record | Vendor Supplied |

Notes for Testers

No Note

6.1.1. Produce Overdue Immunizations Cohort Report

Test Step Type: SUT_MANUAL

The provider uses the EMR to create a report for all patient vaccinations overdue with the contact information.

Test Story

Description

The provider periodically uses the EMR to identify the cohort of patients that are overdue for immunizations along with their contact information in order to send reminder notifications to the patients/parents.

Comments

No Comments

Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. The vaccine forecast is available to the EMR.

Post Condition

The Cohort report for all patients that are overdue for immunizations is available to the provider through the EMR.

Test Objectives

Produce Population-Level Report: The EHR or other clinical system generates aggregate, population-level reports based on known patient immunization data.

Evaluation Criteria

The following patient information is provided on the cohort report:

| | |
|---|------------------------------|
| Patient Name | Mariela Gonzales Morales |
| Preferred Contact Method | Phone |
| Contact information using preferred contact (email, text, phone, mailing address) | (203) 555-1214 |
| Patient Identifier Number | Vendor Supplied |
| Patient Identifier Type Code | Vendor Supplied |
| Date/Time of Birth | 10/01/2015 11am |
| Sex | Female |
| Vaccine Group | Hep B Peds NOS |
| Latest Date to Give | 5/29/15 |
| Overdue Date | 5/29/15 |
| Dose # | 2 |
| Dose in Series | 3 |
| Link to full record | Vendor Supplied |
| | |
| Patient Name | Juana Maria Gonzales Morales |
| Preferred Contact Method | Phone |
| Contact information using preferred contact (email, text, phone, mailing address) | (203) 555-1214 |
| Patient Identifier Number | Vendor Supplied |
| Patient Identifier Type Code | Vendor Supplied |
| Date/Time of Birth | 10/01/2015 11:15am |
| Sex | Female |
| Vaccine Group | Hep B Peds NOS |
| Latest Date to Give | 5/29/15 |
| Overdue Date | 5/29/15 |
| Dose # | 2 |
| Dose in Series | 3 |
| Link to full record | Vendor Supplied |

Notes for Testers

No Note