Description

Following the vaccination visit, the provider uses the EHR 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 EHR. 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 Vazquez
Date/Time of Birth:	11/01/2015 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 58160-0820-43)
Date Administered:	11/01/2015
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 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6332FK33
Exp Date:	12/14/2015
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 58160-0820-43)
Date Administered:	12/20/2015
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 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6352FK1
Exp Date:	12/31/2015
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 58160-0820-43)
Date Administered:	05/20/2016
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:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6352FK24
Exp Date:	8/31/2017
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 49281-0286-58)
Date Administered:	1/22/2016
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
	J. Martinez
Administering Provider:	
Administered at Location: Lot#:	333 Oceanview Lane, Stamford Connecticut 06901 D409QS2341
Exp Date:	11/30/2016
елр рак.	11/30/2010

Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route: Site:	Intramuscular (NCIT C28161, HL70162: IM)
	Left Thigh (HL7 LT)
Vaccine Group: Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-58)
Date Administered:	3/23/2016
Additional Observations:	None
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:	9/4/2016
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 49281-0286-58)
Date Administered:	5/22/2016
Additional Observations:	None
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:	12/1/2016
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 49281-0286-58)
Date Administered:	2/21/2017
Additional Observations:	None
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:	3/1/2017
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 49281-0286-58)
Date Administered:	11/20/2019
Additional Observations:	None
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:	12/01/2019
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 00006-4897-01)
Date Administered:	1/22/2016
Additional Observations:	None
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:	3/24/2016
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 00006-4897-01)
Date Administered:	3/23/2016
Additional Observations:	None
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
	.05 mL
Administered Amt: Administering Provider:	.05 mL J. Martinez

Lot#: Exp Date:	7M55K3342 10/30/2016
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 00006-4897-01)
Date Administered:	5/22/2016
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:	5/23/2016
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)
Data Administration 1	PedvaxHIB (NDC 00006-4897-01)
Date Administered:	11/21/2016
Additional Observations:	
Dose #:	4
Doses in Series:	
Valid Dose:	Y
Ordering Provider:	Carlos Herrera J. Martinez
Entered By: Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administering Provider. Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M53K5534
Exp Date:	2/22/2017
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 poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-88)
Date Administered:	1/22/2016
Additional Observations:	1/22/2010
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
	p . 11101 till Q2

Lot#:	D333PV2431
Exp Date:	10/4/2016
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 49281-0860-88)
Date Administered:	3/23/2016
Additional Observations:	Adverse Reaction of (VXC11 [^] convulsions (fits, seizures) within 72 hours of dose [^] CDCPHINVS)
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:	3/23/2017
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 poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-88)
Date Administered:	2/21/2017
Additional Observations:	
Additional Observations:	Adverse Reaction of (VXC12 [^] fever of >40.5C (105F) within 48 hours of dose [^] CDCPHINVS)
Dose #:	3
Doses in Series:	4
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#:	D335PV9644
Exp Date:	4/22/2017
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
	00005-1971-01)
Date Administered:	1/22/2016
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordanina Dravidan	Carlos Herrera
Ordering Provider:	
Entered By:	J. Martinez
Entered By:	J. Martinez

Administered at Location: Lot#:	333 Oceanview Lane, Stamford Connecticut 06901 P243V3281
Exp Date:	1/30/2016
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 00005-1971-01)
Date Administered:	3/23/2016
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:	3/30/2016
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
	00005-1971-01)
Date Administered:	5/22/2016
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:	8/30/2016
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC
	00005-1971-01)
Date Administered:	1/11/2017
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: Administered at Location:	J. Martinez 333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P853V58532
	4/18/2017
Exp Date: 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 58160-0851-01)
Date Administered:	1/22/2016
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:	2/15/2016
Exp Date. Manufacturer:	
	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Oral (NCIT C38288, HL70162: PO)
Site:	NA
Vaccine Group:	rotavirus, unspecified formulation
Administered:	rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0851-01)
Date Administered:	3/23/2016
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
Administering 1 Tovider. Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RV932
Exp Date:	5/10/2016
Exp Date: Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Oral (NCIT C38288, HL70162: PO)
Site:	NA
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0516-00)
Date Administered:	9/25/2016
Additional Observations:	
	1
Additional Observations: Dose #: Doses in Series:	1 2
Dose #:	<u> </u>
Dose #: Doses in Series: Valid Dose:	2 Y
Dose #: Doses in Series:	2

Administered Amt: Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
Exp Date:	7/25/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, unspectified formulation Influenza, seasonal, injectable (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0516-00)
Date Administered:	10/29/2016
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#:	D8043IN8746
Exp Date:	3/12/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
	influenza, unspecified formulation
Vaccine Group: Administered:	Influenza, unspectified formulation Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0517-00)
Date Administered:	10/2/2017
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:	5/22/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, unspectned formulation Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0518-00)
Date Administered:	11/4/2018
Additional Observations:	11/ 1/2010
Dose #:	
Dose #: Doses in Series:	
Valid Dose:	
	Carlos Herrera
Ordering Provider:	J. Martinez

Oceanview Pediatrics .25 mL
J. Martinez
333 Oceanview Lane, Stamford Connecticut 06901
D9553IN2243
4/30/2019
Sanofi Pasteur Inc (MVX PMC)
Intramuscular (NCIT C28161, HL70162: IM)
Left Deltoid (HL7 LD)
influenza, unspecified formulation
Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0519-00)
10/15/2019
Gina Ricci
Sandra Molina
Shoreline Pediatrics
.5 mL
Gina Ricci
Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901
8L4B3423
12/30/2019
Sanofi Pasteur Inc. (MVX PMC)
Intramuscular (NCIT C28161, HL70162: IM)
Left Deltoid (HL7 LD)
influenza, unspecified formulation
Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (49281-0520-00)
Current Date
Adverse Reaction of (VXC14 [^] Rash within 14 days of dose [^] CDCPHINVS)
Frank Smith
Sandra Molina
Shoreline Pediatrics
.5 mL
Sandra Molina
400 Shoreline Drive, Stamford Connecticut 06901
8L4B3521
12/31/2021
Sanofi Pasteur Inc. (MVX PMC)
Intramuscular (NCIT C28161, HL70162: IM)
Left Deltoid (HL7 LD)
Hep A, unspecified formulation
hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-43)
11/23/2016
1
1 2

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:	1/4/2017
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 58160-0825-43)
Date Administered:	5/23/2017
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:	9/11/2017
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
	Intramuscular (NCIT C28161, HL70162: IM)
Route: Site:	
	Left Deltoid (HL7 LD)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01)
Date Administered:	08/22/2016
Additional Observations:	Invalid because it was given too soon
Dose #:	
Doses in Series:	2
Valid Dose:	N
Ordering Provider:	Frank Smith
Entered By:	
	Sandra Molina
Entering Organization:	
Entering Organization: Administered Amt:	Sandra Molina
Entering Organization: Administered Amt: Administering Provider:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina
Entering Organization: Administered Amt:	Sandra Molina Shoreline Pediatrics .05 mL
Entering Organization: Administered Amt: Administering Provider:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina
Entering Organization: Administered Amt: Administering Provider: Administered at Location:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC) Left Thigh (HL7 LT)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC) Left Thigh (HL7 LT) MMR measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC) Left Thigh (HL7 LT) MMR measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC) Left Thigh (HL7 LT) MMR measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01) 9/22/2019
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered:	Sandra Molina Shoreline Pediatrics .05 mL Sandra Molina 333 Oceanview Lane, Stamford Connecticut 06901 0853CC 12/15/2016 Merck Sharp & Dohme Corp (MVX MSD) Subcutaneous (NCIT C38299, HL70162: SC) Left Thigh (HL7 LT) MMR measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01)

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:	4/13/2020
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 (NDC 00006-4681-01)
Date Administered:	14 days PRIOR to day of TEST
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administering Frovider. Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
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Lot#:	0934GG
Exp Date:	12/31/2021
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) Varivax (NDC 00006-4827-01)
Date Administered:	12/15/2017
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#:	2341BB
Exp Date:	12/1/2018
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Right Deltoid (HL7 RD)
Vaccine Group:	IPV
Due Date:	10/31/2019
Earliest Date to Give:	10/31/2019
Overdue Date:	10/31/2019
Immunization Schedule:	ACIP
Vaccine Group:	varicella
Due Date:	10/31/2019
Earliest Date to Give:	10/31/2019

Overdue Date:	10/31/2021
Immunization Schedule:	ACIP

Notes

The immunization report may provide a subset of demographic information sufficient to identify the patient. Any demographic information included should be evaluated against the listed demographic information for accuracy.

The immunization report does not need to display all of the information listed in the evaluation criteria for each vaccination, but they do need to produce the complete list of vaccines given and the date.

The tester is requested to document separately the success or failure of the Immunization History and the Immunization forecast as these two requirements are tested concurrently.

Influenza vaccine should be due between September and October of the flue season, which may show as the prior year to testing or the year of testing.