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 Vazquez
Date/Time of Birth:	11/01/2014 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:	11/01/2014
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:	12/14/2014
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 58160-0820-43)"
Date Administered:	12/20/2014
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:	12/31/2014
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:	05/20/2015
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:	8/31/2016
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:	1/22/2015
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 11/30/2015
Exp Date:	11/30/2013

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:	3/23/2015
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:	9/4/2015
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:	5/22/2015
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:	12/1/2015
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:	2/21/2016
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:	3/1/2016
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:	11/20/2018
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:	12/01/2018
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:	1/22/2015
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:	3/24/2015
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:	3/23/2015
Additional Observations:	None
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
	J. Martinez
Entered By:	
Entered By: Entering Organization:	Oceanview Pediatrics
·	Oceanview Pediatrics .05 mL

Lot#:	7M55K3342
Exp Date:	10/30/2015
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:	5/22/2015
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:	5/23/2015
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:	11/21/2015
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:	2/22/2016
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:	1/22/2015
Additional Observations:	1
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:	10/4/2015
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:	3/23/2015
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:	3/23/2016
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 49281-0860-55)
Date Administered:	2/21/2016
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
	C1 1' D 1' '
Entering Organization:	Shoreline Pediatrics
Entering Organization: Administered Amt:	.05 mL
Entering Organization: Administered Amt: Administering Provider:	.05 mL Linda Casera
Entering Organization: Administered Amt: Administering Provider: Administered at Location:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC)
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations:	.05 mL Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations: Dose #:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations: Dose #: Doses in Series: Valid Dose:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations: Dose #: Doses in Series: Valid Dose: Ordering Provider:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015 1 4 Y Carlos Herrera
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations: Dose #: Doses in Series: Valid Dose: Ordering Provider: Entered By:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015 1 4 Y Carlos Herrera J. Martinez
Entering Organization: Administered Amt: Administering Provider: Administered at Location: Lot#: Exp Date: Manufacturer: Route: Site: Vaccine Group: Administered: Date Administered: Additional Observations: Dose #: Doses in Series: Valid Dose: Ordering Provider:	Linda Casera 4253 Standish Way, Stamford Connecticut 06903 D335PV9644 4/22/2016 Sanofi Pasteur Inc (MVX PMC) Subcutaneous (NCIT C38299, HL70162: SC) Left Deltoid (HL7 LD) pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)" 1/22/2015 1 4 Y Carlos Herrera

Administered at Location: Lot#:	333 Oceanview Lane, Stamford Connecticut 06901 P243V3281
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:	3/23/2015
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:	3/30/2015
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:	5/22/2015
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:	8/30/2015
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 00005-1971-05)"
Date Administered:	1/11/2016
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:	4/18/2016
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:	1/22/2015
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:	2/15/2015
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 58160-0854-52)"
Date Administered:	3/23/2015
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
	5/10/2015
Exp Date: Manufacturer:	
	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Oral (NCIT C38288, HL70162: PO)
Site:	NA is a second of the second o
Vaccine Group:	influenza, unspecified formulation
Administered:	IInfluenza, seasonal, injectable (CVX 141) FLUZONE (NDC 49281-0396-78)
Date Administered:	9/25/2015
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
-	Oceanview Pediatrics
Entering Organization:	O C C C C C C C C C C C C C C C C C C C

Administering Provider: Administered at Location:	J. Martinez 333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
	7/25/2016
Exp Date: Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
	/
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable (CVX 141) FLUZONE (NDC 49281-0396-78)
Date Administered:	10/29/2015
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:	3/12/2016
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 49281-0516-00)"
Date Administered:	10/2/2016
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:	5/22/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group: Administered:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0517-00)"
Date Administered:	11/4/2017
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Carlos Herrera
	J. Martinez
Entered By:	
Entered By: Entering Organization:	Oceanview Pediatrics

Administering Provider: Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D9553IN2243
Exp Date:	4/30/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0518-00)
Date Administered:	10/15/2018
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Gina Ricci
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.25 mL
Administering Provider:	Gina Ricci
Administered at Location:	Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901
Lot#:	8L4B3423
Exp Date:	12/30/2018
Manufacturer:	Sanofi Pasteur Inc. (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (49281-0519-00)
Date Administered:	Current Date
Additional Observations:	Adverse Reaction of (VXC14 [^] Rash within 14 days of dose [^] CDCPHINVS)
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.25 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	8L4B3521
Exp Date:	12/31/2020
Manufacturer:	Sanofi Pasteur Inc. (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
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:	11/23/2015
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
	J. Martinez
Entered By:	

Administered Amt: Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT33
	1/4/2016
Exp Date: 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:	5/23/2016
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:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT48
Exp Date:	9/11/2016
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 00006-4681 01)"
Date Administered:	08/22/2015
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:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	0853CC
Exp Date:	12/15/2015
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
Date Administered:	9/22/2018
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:	4/13/2019
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:	Sandra Molina
Entered By:	Frank Smith
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	0934GG
Exp Date:	12/31/2020
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 00006-4827-01)"
Date Administered:	12/15/2016
Additional Observations:	
Dose #:	
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:	12/1/2017
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:	10/31/2020
Immunization Schedule:	ACIP
Vaccine Group:	varicella
Due Date:	10/31/2019
Earliest Date to Give:	10/31/2019
Overdue Date:	10/31/2019
Immunization Schedule:	ACIP
mmunization Schedule:	ACII

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.