Texas Immunization Registry

Query Test Plan

Bidirectional Data Exchange

# Instructions:

1. Enter in the provided test patients into your electronic medical/health records system.
   1. Do not add immunizations to the patients.
2. Perform a query of these test patients using your EMR/EHR to the registry.
   1. Various scenarios will be covered in this test plan, patient: not found, one-to-one match found, and one-to-many match found.
3. Document the scenario you encountered for the patient in the **Testing Notes** along with any questions you might have related to the test.
   1. If you encounter any data exchange errors or issues, then please document this information as well.
4. Provide the text or screenshot for the hl7 query you sent to the registry in the **HL7 Message Sent to Registry** section.
5. Provide the text or screenshot for the hl7 response you received back from the registry in the **HL7 Response Returned from Registry** section.
6. Provide the text or screenshot of the patient’s immunization history (if applicable) returned from the registry in the **Patient’s Immunizations** section.
7. Return this document back to me via email.

# Query Test Patients

| **Test Patient** | **Patient Demographics** | | **Testing Notes** |
| --- | --- | --- | --- |
| 1 | Patient Name: | PRINCESS CONSUELA PHALANGE |  |
| Date of Birth: | 5/17/2014 |
| Gender: | F |
| Mother: | DANI DRAGON |
| Patient's Address: | 6545 ALAMEDA AVE EL PASO TX 77901 |
| County: | EL PASO |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 2 | Patient Name: | BRYAN DAVID JOHNSON |  |
| Date of Birth: | 9/9/2014 |
| Gender: | M |
| Mother: | ARYA STARK |
| Patient's Address: | 1375 LORETTA LYNN DRIVE EDINBURG 78541 |
| County: | HIDALGO |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 3 | Patient Name: | MARIA JANE LEARY |  |
| Date of Birth: | 12/11/2013 |
| Gender: | F |
| Mother: | LUCY DIAMONDS |
| Patient's Address: | 203 CROCKETT STREET EDGEWOOD TX 75117 |
| County: | VAN ZANDT |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 4 | Patient Name: | SALVADOR VULCANO |  |
| Date of Birth: | 7/9/2006 |
| Gender: | M |
| Mother: | HORTENCIA FALCON |
| Patient's Address: | 672 ROSEBERRY STREET BUDA TX 78610 |
| County: | HAYS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 5 | Patient Name: | BRIAN QUINN |  |
| Date of Birth: | 4/12/2014 |
| Gender: | M |
| Mother: | JOAN EL SALVADOR |
| Patient's Address: | 4901 LA RUE STREET DALLAS TX 75211 |
| County: | DALLAS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 6 | Patient Name: | QUEEN RIVERS |  |
| Date of Birth: | 3/20/2014 |
| Gender: | F |
| Mother: | MARY JANE SCOTT |
| Patient's Address: | 7811 JUNIOR STREET HOUSTON TX 77012 |
| County: | HARRIS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 7 | Patient Name: | WALTER BARON FLANNIGAN |  |
| Date of Birth: | 8/1/2008 |
| Gender: | M |
| Mother: | EDITH BUNKER |
| Patient's Address: | 3725 WATERFORD DRIVE ADDISON TX 75001 |
| County: | DALLAS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 8 | Patient Name: | HARLEY QUINN FORD |  |
| Date of Birth: | 6/30/2008 |
| Gender: | F |
| Mother: | JENNIFER SWABACH |
| Patient's Address: | 10480 NOLAN DR EL PASO TX 79924 |
| County: | EL PASO |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 9 | Patient Name: | JOSEPH P CANOLLI |  |
| Date of Birth: | 9/15/2008 |
| Gender: | M |
| Mother: | SUGAR POWDER |
| Patient's Address: | 22287 E SHELLEY DR COMBES TX 78535 |
| County: | CAMERON |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 10 | Patient Name: | ELVIRA BETH ROMERO |  |
| Date of Birth: | 1/1/2007 |
| Gender: | F |
| Mother: | TRINA CHERRY |
| Patient's Address: | 201 BLACK CAP RUN BUDA TX 78610 |
| County: | HAYS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 11 | Patient Name: | PURPLE Q PANSY |  |
| Date of Birth: | 4/12/2011 |
| Gender: | F |
| Mother: | KITTY SEEDLING |
| Patient's Address: | 575 HUNTING TRAIL BUDA TX 78610 |
| County: | HAYS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |
| 12 | Patient Name: | MARTIN J HOGG |  |
| Date of Birth: | 7/7/2007 |
| Gender: | M |
| Mother: | WONDER WOMAN |
| Patient's Address: | 815 YELLOW BRICK ROAD |
| County: | HAYS |
| Patient's Immunizations: |  |
| **HL7 Message Sent to Registry:**  **HL7 Response Returned from Registry:** | | | |