**Purpose:**

For an organization and their electronic health (EHR) to perform required testing for establishing a bidirectional data exchange interface with the Texas Immunization Registry. The test plan allows the registry to validate whether an organization and their EHR is responding as expected and determine promotion to Production.

**Objectives:**

**Test Scenario:**

The test scenarios are designed to test for:

1. Minor Administration
2. Adult Administration
3. Update to Immunization
4. Reporting an immunization for a non-consented patient

Scenarios to perform:

1. Report a Historical immunization for each patient
2. Report a New immunization for each patient. **NDCs must be used for all new immunizations submitted.** 
   1. **\*\*NO CVX CODES!**
3. Delete a reported immunization from one minor and one adult test patient.
4. Provide NK1 segment for infant and teenager

**\*\*\* Patient 1-5 must be affirmed via data exchange (no manual affirmation)**

**\*\*\*Complete the table below and return to the registry for validation**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient | Patient Demographic in EMR/EHR | Did any errors occur? If so, describe the error and scenario. Was the error resolved? | Questions/Notes |
| Patient 1: Infant | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |
| Patient 2: Toddler | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |
| Patient 3: Teenager | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |
| Patient 4: Young Adult (Age 18 or above) | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |
| Patient 5: Adult Age 65 or above | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |
| Patient 6:  Patient of your choosing who does not exist in the registry | Patient Name:  Date of Birth:  Gender:  Mother’s Name:  Patient’s Address:  County: |  |  |

For questions or concerns, please contact the Texas Immunization Registry Interoperability Team by:

* Email: [ImmTracMU@dshs.texas.gov](mailto:ImmTracMU@dshs.texas.gov)