

Description

This step provides the details for the patient that should exist in the system under test before testing scenarios are performed.

Functions associated with this patient: 3.1.0, 3.2.0, 3.3.0, 3.4.0, 3.5.0, 3.6.0, 3.7.0, 3.8.0, 3.9.0, 5.1.0, 5.2.0, 5.3.0

Name abbreviated in Function and Test Step title as: LGD

Comments

Please use the Job Aid for all steps associated to this patient that require forecast dates and DOB dates.

The Job Aid can be located [here](#) in NIST under Documentation> User Documentation>HIMSS IIP Test Plan v11.0 Job Aid

Pre-condition

| | |
|--|--|
| Patient 1 | |
| ID Number | 1111 |
| ID Type | Medical record number |
| Name | |
| First | Lance |
| Middle | Gaige |
| Last | Duncan |
| Suffix | Jr. |
| Mother's Maiden Name | King |
| Age | Today (day of test) the patient is 0 years, approx. 2 mo. old. Use Job Aid to determine today's age. |
| Relative Date of Birth | Please use the Job Aid for all steps related to this patient |
| Sex | Male |
| Race | American Indian or Alaska Native |
| Ethnicity | Not Hispanic or Latino |
| Permanent Address | |
| Address Line 1 | 749 Evergreen Ter. |
| Address Line 2 | Unit A |
| City | Springfield |
| State | OR |
| Zip Code | 97477 |
| Country | USA |
| Phone Number | (541) 555-1111 |
| Use | Primary Residence Number |
| Type | Cellular Phone |
| Email | IIPMP@gmail.com |
| Use | Network (email) Address |
| Type | X.400 email address: Use Only If Telecommunication Use Code Is NET |
| Part of a multiple birth? | No |
| Birth order | 1 |
| Reminder Recall | Reminder/recall - any method |
| Protection Indicator: Consent= (No) /No Consent =(Yes) | No |
| IIS Status | Active |
| Deceased? | No |
| Vaccine Program Eligibility | VFC eligible - American Indian/Alaskan Native |
| | |
| Patient 1's Next of Kin 1 | |

| | |
|---------------------------|--|
| Name | |
| First | Ingrid |
| Middle | Stacy |
| Last | Duncan |
| Maiden Name | King |
| Relation | Mother |
| Permanent Address | |
| Address Line 1 | 749 Evergreen Ter. |
| Address Line 2 | Unit A |
| City | Springfield |
| State | OR |
| Zip Code | 97477 |
| Country | USA |
| Phone Number | (541) 555-1111 |
| Use | Primary Residence Number |
| Type | Cellular Phone |
| Email | IIPMP@gmail.com |
| Use | Network (email) Address |
| Type | X.400 email address: Use Only If Telecommunication Use Code Is NET |
| | |
| Patient 1's Next of Kin 2 | |
| Name | |
| First | Simon |
| Middle | Isaiah |
| Last | Duncan |
| | Sr. |
| Maiden Name | |
| Relation | Father |
| Permanent Address | |
| Address Line 1 | 749 Evergreen Ter. |
| Address Line 2 | Unit A |
| City | Springfield |
| State | OR |
| Zip Code | 97477 |
| Country | USA |
| Phone Number | (541) 555-1233 |
| Use | Primary Residence Number |
| Type | Cellular Phone |

Post-Condition

Data listed in this test case exists in the system under test.

Test Objectives

Patient Pre-load

Notes

The Protection Indicator is the consent to share information with the registry. When marking if the patient has consented or not consented the applicable field, PD1-12 shall be marked with "Y" =Yes, protect my information (No consent) or "N" =No, do not protect my information (Consent).