

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, 5.4.0

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, 1 months, and 17 days old
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).