

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: 3.14.0, 5.5.0, 5.6.0

Name abbreviated in Function and Test Step title as: DCM

Pre-condition

Patient 4	
ID [1] (Local)	
ID Number	4444
ID Type	Medical record number
Name [1]	
First	Deborah
Middle	Charlotte
Last	McKay
Suffix	
Name [2] (IIS Name)	
First	Debbie
Middle	Charlotte
Last	McKay
Suffix	
Mother's Maiden Name	Schroeder
Date of Birth	02/05/2023
Sex	Female
Race	Black or African American
Ethnicity	Not Hispanic or Latino
Permanent Address	
Address Line 1	600 Cherry Rd.
Address Line 2	
City	Springfield
State	OR
Zip Code	97477
Country	USA
Phone Number	(541) 555-1236
Use	Primary Residence Number
Type	Telephone
Part of a multiple birth?	Yes
Birth order	2
Reminder Recall	Reminder/recall - any method
Protection Indicator: Consent= (No) /No Consent =(Yes)	No
IIS Status	Active
Deceased?	No
Vaccine Program Eligibility	Not VFC eligible
Patient 4's Next of Kin 1	
Name	
First	Angeline
Middle	Ingrid
Last	McKay
Maiden Name	Schroeder

Relation	Mother
Permanent Address	
Address Line 1	600 Cherry Rd.
Address Line 2	
City	Springfield
State	OR
Zip Code	97477
Country	USA
Phone Number	(541) 555-1236
Use	Primary Residence Number
Type	Telephone
Patient 4's Known Immunization History	
Vaccine trade name, Unit-of-Use NDC	ENGRIX-B 58160-0820-43
Vaccine type (CVX Code)	Hep B, adolescent or pediatric (CVX 08)
Manufacturer	GlaxoSmithKline
Administered on	02/05/2023
Lot Number	TTT44891
Expiration Date	3/5/2024
Volume (mL)	0.50
Administered At	Oregon Birthing Hospital
Vaccine record source	Historical information - from other provider

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).