

Description

After being approved by FDA and CDC Finley Ira Nash (DOB 04/05/1966) is vaccinated with a new vaccine for Heartland virus (a rare tick-borne virus), along with a Hep B vaccine that the patient states is required for new employment. The patient has no record of hep B vaccine and the practitioner starts the series.

Pre-condition

Daniela Jennifer Wyatt is the administering practitioner.

The vaccines have been ordered and the new VFC code IIP024 exists in the SUT.

Post-Condition

Finley Ira Nash (DOB 04/05/1966) is administered a dose of Heartland Virus vaccine without a scannable 2D barcode, it has been recorded in the SUT and is visible to SUT users.

Finley Ira Nash (DOB 04/05/1966) is administered a dose of Hep B adult vaccine with a scannable 2D barcode, it has been recorded in the SUT and is visible to SUT users.

Go to step 7.1.5 to transmit vaccines from this step.

Test Objectives

To test the ability that the SUT allows for manual entry of data from newly entered vaccine product in the SUT inventory.

Evaluation Criteria

Finley Ira Nash (DOB 04/05/1966) has been administered vaccines by practitioner Daniela Jennifer Wyatt and the following information is entered into the patient record and visible in the SUT:

Item 1	
Product Name (This may vary with each implementation)	Heartland-24_mRNA
Date Administered	Today's date
Unit-of-Sale (Box) NDC	8077-0743-15
Manufacturer	Moderna
Lot Number	HVV8071524
Expiration Date	09/27/2029
Unit-of-Use (Vial/Syringe) Image that shall not be scanned-manually entered	8077-0743-15
Patient Dose-level Eligibility	IIP024 HeartlandHVV-Program
Funding Source	Public
Route	INTRAMUSCULAR
Site	Left Deltoid
VIS Given	Heartland-24 Vaccine 03-28-2024 VIS
CVX Code	234
MVX Code	MOD
Generic Name (CVX 234)	HVV
Dose/units	0.5mL

Item 2	
Product Name (This may vary with each implementation)	Hep B, adult
Date Administered	Today's date
Unit-of-Sale (Box) NDC	58160-0821-34
Manufacturer	GlaxoSmithKline
Lot Number	IIPVAXN03
Expiration Date	9/27/2029
	58160-0821-05
Unit-of-Use (Vial/Syringe) barcode	 GTIN 10358160821056
Patient Dose-level Eligibility	Not VFC eligible
Funding Source	Private funds
Route	INTRAMUSCULAR
Site	Right Deltoid
VIS Given	Hepatitis B Vaccine VIS
CVX Code	43
MVX Code	SKB
Generic Name (CVX 43)	Hep B, adult
Dose/units	0.5mL