

**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) <b>Image that shall not be scanned-manually entered</b>	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