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: 3.10.0, 3.11.0, 5.6.0

Name abbreviated in Function and Test Step title as: AJM

Pre-condition

Patient 2	
ID Number	2222
ID Type	Medical record number
Name	
First	Alexandria
Middle	Jacqueline
Last	Montoya
Suffix	
Mother's Maiden Name	Hayes
Date of Birth	03/27/2012
Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
Permanent Address	
Address Line 1	82 Evergreen Ter
Address Line 2	
City	Springfield
State	OR
Zip Code	97477
Country	USA
Phone Number	(541) 555-1235
Use	Primary Residence Number
Type	Cellular Phone
Part of a multiple birth?	No
Birth order	1
Reminder Recall	Reminder/recall - any method
Protection Indicator: Consent= (No) "N" /No Consent =(Yes) "Y"	Yes
IIS Status	Active
Deceased?	No
Vaccine Program Eligibility	VFC eligible - Medicaid/Medicaid Managed Care
Patient 2's Next of Kin	
Name	
First	Maria
Middle	Christina
Last	Montoya
Maiden Name	Hayes
Relation	Mother
Permanent Address	
Address Line 1	82 Evergreen Ter
Address Line 2	
City	Springfield
State	OR
Zip Code	97477
Country	USA
Phone Number	(541) 555-1235
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).