

**MSH[1]**

| Location  | Data Element                       | Data                 | Categorization               |
|-----------|------------------------------------|----------------------|------------------------------|
| MSH-1     | Field Separator                    |                      |                              |
| MSH-2     | Encoding Characters                | ^~&                  |                              |
| MSH-3     | Sending Application                |                      |                              |
| MSH-3.1   | Namespace ID                       | Test EHR Application |                              |
| MSH-3.2   | Universal ID                       |                      |                              |
| MSH-3.3   | Universal ID Type                  |                      |                              |
| MSH-4     | Sending Facility                   |                      |                              |
| MSH-4.1   | Namespace ID                       | X68                  |                              |
| MSH-4.2   | Universal ID                       |                      |                              |
| MSH-4.3   | Universal ID Type                  |                      |                              |
| MSH-5     | Receiving Application              |                      |                              |
| MSH-5.1   | Namespace ID                       |                      |                              |
| MSH-5.2   | Universal ID                       |                      |                              |
| MSH-5.3   | Universal ID Type                  |                      |                              |
| MSH-6     | Receiving Facility                 |                      |                              |
| MSH-6.1   | Namespace ID                       | NIST Test Iz Reg     |                              |
| MSH-6.2   | Universal ID                       |                      |                              |
| MSH-6.3   | Universal ID Type                  |                      |                              |
| MSH-7     | Date/Time Of Message               |                      |                              |
| MSH-7.1   | Time                               | 20211031082240-0500  |                              |
| MSH-9     | Message Type                       |                      |                              |
| MSH-9.1   | Message Code                       | VXU                  |                              |
| MSH-9.2   | Trigger Event                      | V04                  |                              |
| MSH-9.3   | Message Structure                  | VXU_V04              |                              |
| MSH-10    | Message Control ID                 | NIST-IZ-001.00       |                              |
| MSH-11    | Processing ID                      |                      |                              |
| MSH-11.1  | Processing ID                      | P                    |                              |
| MSH-12    | Version ID                         |                      |                              |
| MSH-12.1  | Version ID                         | 2.5.1                |                              |
| MSH-15    | Accept Acknowledgment Type         | ER                   |                              |
| MSH-16    | Application Acknowledgment Type    | AL                   |                              |
| MSH-21    | Message Profile Identifier         |                      |                              |
| MSH-21.1  | Entity Identifier                  | Z22                  |                              |
| MSH-21.2  | Namespace ID                       | CDCPHINVS            |                              |
| MSH-21.3  | Universal ID                       |                      |                              |
| MSH-21.4  | Universal ID Type                  |                      |                              |
| MSH-22    | Sending Responsible Organization   |                      |                              |
| MSH-22.1  | Organization Name                  | IPEHRFAC             | Presence-Content Indifferent |
| MSH-22.6  | Assigning Authority                |                      |                              |
| MSH-22.7  | Identifier Type Code               | XX                   | Presence-Content Indifferent |
| MSH-22.10 | Organization Identifier            | 100-1                | Presence-Content Indifferent |
| MSH-23    | Receiving Responsible Organization |                      |                              |
| MSH-23.1  | Organization Name                  | IPIISFAC             | Presence-Content Indifferent |
| MSH-23.6  | Assigning Authority                |                      |                              |
| MSH-23.7  | Identifier Type Code               | XX                   | Presence-Content Indifferent |
| MSH-23.10 | Organization Identifier            | 100-2                | Presence-Content Indifferent |

**PID[1]**

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
|----------|--------------|------|----------------|

|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| PID-1      | Set ID - PID                                       | 1                  |                              |
| PID-3[1]   | Patient Identifier List                            |                    |                              |
| PID-3[1].1 | ID Number  | 123456             |                              |
| PID-3[1].4 | Assigning Authority                                |                    |                              |
| PID-3[1].5 | Identifier Type Code                               | MR                 |                              |
| PID-3[2]   | Patient Identifier List                            |                    |                              |
| PID-3[2].1 | ID Number  | 987633             |                              |
| PID-3[2].4 | Assigning Authority                                |                    |                              |
| PID-3[2].5 | Identifier Type Code                               | SR                 |                              |
| PID-5      | Patient Name                                       |                    |                              |
| PID-5.1    | Family Name  |                    |                              |
| PID-5.1.1  | Surname  | Marina             | Value-Test Case Fixed        |
| PID-5.2    | Given Name   | Anita              | Value-Test Case Fixed        |
| PID-5.3    | Second and Further Given Names or Initials Thereof | Francesca          | Value-Test Case Fixed        |
| PID-5.7    | Name Type Code                                     | L                  | Value-Test Case Fixed        |
| PID-6      | Mother's Maiden Name                               |                    |                              |
| PID-6.1    | Family Name  |                    |                              |
| PID-6.1.1  | Surname  | Ramirez            | Presence-Content Indifferent |
| PID-6.7    | Name Type Code                                     | M                  | Value-Test Case Fixed        |
| PID-7      | Date/Time of Birth                                 |                    |                              |
| PID-7.1    | Time   | 19860601           | Value-Test Case Fixed        |
| PID-8      | Administrative Sex                                 | F                  | Value-Test Case Fixed        |
| PID-10     | Race   |                    |                              |
| PID-10.1   | Identifier   | 2106-3             | Value-Test Case Fixed        |
| PID-10.2   | Text   | White              | Value-Test Case Fixed        |
| PID-10.3   | Name of Coding System                              | CDCREC             | Value-Test Case Fixed        |
| PID-11     | Patient Address                                    |                    |                              |
| PID-11.1   | Street Address                                     |                    |                              |
| PID-11.1.1 | Street or Mailing Address                          | 4623 Standish Way  |                              |
| PID-11.2   | Other Designation                                  |                    |                              |
| PID-11.3   | City   | Stamford           | Value-Test Case Fixed        |
| PID-11.4   | State or Province                                  | CT                 | Value-Test Case Fixed        |
| PID-11.5   | Zip or Postal Code                                 | 06903              | Value-Test Case Fixed        |
| PID-11.6   | Country  | USA                | Value-Test Case Fixed        |
| PID-11.7   | Address Type                                       | L                  | Value-Test Case Fixed        |
| PID-13     | Phone Number - Home                                |                    |                              |
| PID-13.2   | Telecommunication Use Code                         | PRN                | Value-Test Case Fixed        |
| PID-13.3   | Telecommunication Equipment Type                   | CP                 | Value-Test Case Fixed        |
| PID-13.4   | Email Address                                      |                    |                              |
| PID-13.6   | Area/City Code                                     | 203                | Value-Test Case Fixed        |
| PID-13.7   | Local Number                                       | 5551213            | Value-Test Case Fixed        |
| PID-22     | Ethnic Group                                       |                    |                              |
| PID-22.1   | Identifier   | 2135-2             | Value-Test Case Fixed        |
| PID-22.2   | Text   | Hispanic or Latino | Value-Test Case Fixed        |
| PID-22.3   | Name of Coding System                              | CDCREC             | Value-Test Case Fixed        |
| PID-24     | Multiple Birth Indicator                           | N                  | Value-Test Case Fixed        |
| PID-25     | Birth Order  |                    |                              |
| PID-29     | Patient Death Date and Time                        |                    |                              |
| PID-29.1   | Time   |                    |                              |
| PID-30     | Patient Death Indicator                            |                    |                              |

| Location | Data Element                                | Data                         | Categorization                      |
|----------|---|------------------------------|-------------------------------------|
| PD1-11   | Publicity Code                              |                              |                                     |
| PD1-11.1 | Identifier                                  | 02                           | Value-Test Case Fixed               |
| PD1-11.2 | Text  | Reminder/Recall - any method | Presence-Content Indifferent        |
| PD1-11.3 | Name of Coding System                       | HL70215                      | Value-Test Case Fixed               |
| PD1-12   | Protection Indicator                        | N                            | Value-Test Case Fixed               |
| PD1-13   | Protection Indicator Effective Date         | 20121001                     | Presence Length-Content Indifferent |
| PD1-16   | Immunization Registry Status                | A                            | Value-Test Case Fixed               |
| PD1-17   | Immunization Registry Status Effective Date | 20121001                     | Presence-Content Indifferent        |
| PD1-18   | Publicity Code Effective Date               | 20121001                     | Presence-Content Indifferent        |

**ORDER[1].ORC[1]**

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| ORC-1      | Order Control                                      | RE                 |                              |
| ORC-2      | Placer Order Number                                |                    |                              |
| ORC-2.1    | Entity Identifier                                  |                    |                              |
| ORC-2.2    | Namespace ID                                       |                    |                              |
| ORC-2.3    | Universal ID                                       |                    |                              |
| ORC-2.4    | Universal ID Type                                  |                    |                              |
| ORC-3      | Filler Order Number                                |                    |                              |
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              | Presence-Content Indifferent |
| ORC-12.3   | Given Name   | Shannon            | Presence-Content Indifferent |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  | Value-Test Case Fixed        |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[1].RXA[1]**

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
|----------|--------------|------|----------------|

|            |  |  |                              |
|------------|--|--|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0  |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1  |                              |
| RXA-3      | Date/Time Start of Administration                  |  |                              |
| RXA-3.1    | Time   | 20170601   | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |  |                              |
| RXA-5.1    | Identifier   | 94   | Value-Test Case Fixed        |
| RXA-5.2    | Text   | measles, mumps, rubella, and varicella virus vaccine | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX  | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5  |                              |
| RXA-7      | Administered Units                                 |  |                              |
| RXA-7.1    | Identifier   | mL   |                              |
| RXA-7.2    | Text   |  |                              |
| RXA-7.3    | Name of Coding System                              | UCUM   |                              |
| RXA-9      | Administration Notes                               |  |                              |
| RXA-9.1    | Identifier   | 01   | Value-Test Case Fixed        |
| RXA-9.2    | Text   |  |                              |
| RXA-9.3    | Name of Coding System                              | NIP001   | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |  |                              |
| RXA-10.1   | ID Number  |  |                              |
| RXA-10.2   | Family Name  |  |                              |
| RXA-10.2.1 | Surname  | Mason  | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica  |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |  |                              |
| RXA-10.9   | Assigning Authority                                |  |                              |
| RXA-10.10  | Name Type Code                                     |  |                              |
| RXA-10.13  | Identifier Type Code                               |  |                              |
| RXA-11     | Administered-at Location                           |  |                              |
| RXA-11.4   | Facility   |  |                              |
| RXA-15     | Substance Lot Number                               | 6552FK16   |                              |
| RXA-16     | Substance Expiration Date                          |  |                              |
| RXA-16.1   | Time   | 20171231   |                              |
| RXA-17     | Substance Manufacturer Name                        |  |                              |
| RXA-17.1   | Identifier   | MSD  |                              |
| RXA-17.2   | Text   | Merck and Co Inc                                     |                              |
| RXA-17.3   | Name of Coding System                              | MVX  |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |  |                              |
| RXA-18.1   | Identifier   |  |                              |
| RXA-18.2   | Text   |  |                              |
| RXA-18.3   | Name of Coding System                              |  |                              |
| RXA-20     | Completion Status                                  | CP   | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A  |                              |

**ORDER[1].RXR[1]**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |

|         |                       |              |  |
|---------|-----------------------|--------------|--|
| RXR-2.2 | Text                  | Left Deltoid |  |
| RXR-2.3 | Name of Coding System | HL70163      |  |

**ORDER[2].ORC[1]**

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| ORC-1      | Order Control                                      | RE                 |                              |
| ORC-2      | Placer Order Number                                |                    |                              |
| ORC-2.1    | Entity Identifier                                  |                    |                              |
| ORC-2.2    | Namespace ID                                       |                    |                              |
| ORC-2.3    | Universal ID                                       |                    |                              |
| ORC-2.4    | Universal ID Type                                  |                    |                              |
| ORC-3      | Filler Order Number                                |                    |                              |
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[2].RXA[1]**

| Location | Data Element                      | Data   | Categorization               |
|----------|-----------------------------------|--|------------------------------|
| RXA-1    | Give Sub-ID Counter               | 0  |                              |
| RXA-2    | Administration Sub-ID Counter     | 1  |                              |
| RXA-3    | Date/Time Start of Administration |  |                              |
| RXA-3.1  | Time                              | 20170601   | Value-Test Case Fixed        |
| RXA-5    | Administered Code                 |  |                              |
| RXA-5.1  | Identifier                        | 115  | Value-Test Case Fixed        |
| RXA-5.2  | Text                              | tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed | Presence-Content Indifferent |
| RXA-5.3  | Name of Coding System             | CVX  | Value-Test Case Fixed        |
| RXA-6    | Administered Amount               | 0.5  |                              |

|            |  |                |                              |
|------------|--|----------------|------------------------------|
| RXA-7      | Administered Units                                 |                |                              |
| RXA-7.1    | Identifier   | mL             |                              |
| RXA-7.2    | Text   |                |                              |
| RXA-7.3    | Name of Coding System                              | UCUM           |                              |
| RXA-9      | Administration Notes                               |                |                              |
| RXA-9.1    | Identifier   | 01             | Value-Test Case Fixed        |
| RXA-9.2    | Text   |                |                              |
| RXA-9.3    | Name of Coding System                              | NIP001         | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |                |                              |
| RXA-10.1   | ID Number  |                |                              |
| RXA-10.2   | Family Name  |                |                              |
| RXA-10.2.1 | Surname  | Mason          | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica        |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                |                              |
| RXA-10.9   | Assigning Authority                                |                |                              |
| RXA-10.10  | Name Type Code                                     |                |                              |
| RXA-10.13  | Identifier Type Code                               |                |                              |
| RXA-11     | Administered-at Location                           |                |                              |
| RXA-11.4   | Facility   |                |                              |
| RXA-15     | Substance Lot Number                               | 6932FK14       |                              |
| RXA-16     | Substance Expiration Date                          |                |                              |
| RXA-16.1   | Time   | 20171231       |                              |
| RXA-17     | Substance Manufacturer Name                        |                |                              |
| RXA-17.1   | Identifier   | PMC            |                              |
| RXA-17.2   | Text   | Sanofi Pasteur |                              |
| RXA-17.3   | Name of Coding System                              | MVX            |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |                |                              |
| RXA-18.1   | Identifier   |                |                              |
| RXA-18.2   | Text   |                |                              |
| RXA-18.3   | Name of Coding System                              |                |                              |
| RXA-20     | Completion Status                                  | CP             | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A              |                              |

#### ORDER[2].RXR[1]

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |
| RXR-2.2  | Text                  | Left Deltoid  |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

#### ORDER[3].ORC[1]

| Location | Data Element        | Data | Categorization |
|----------|---------------------|------|----------------|
| ORC-1    | Order Control       | RE   |                |
| ORC-2    | Placer Order Number |      |                |
| ORC-2.1  | Entity Identifier   |      |                |
| ORC-2.2  | Namespace ID        |      |                |
| ORC-2.3  | Universal ID        |      |                |
| ORC-2.4  | Universal ID Type   |      |                |
| ORC-3    | Filler Order Number |      |                |

|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              | Presence-Content Indifferent |
| ORC-12.3   | Given Name   | Shannon            | Presence-Content Indifferent |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  | Presence-Content Indifferent |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[3].RXA[1]**

| Location   | Data Element                      | Data  | Categorization               |
|------------|-----------------------------------|---|------------------------------|
| RXA-1      | Give Sub-ID Counter               | 0   |                              |
| RXA-2      | Administration Sub-ID Counter     | 1   |                              |
| RXA-3      | Date/Time Start of Administration |   |                              |
| RXA-3.1    | Time                              | 20200901  | Presence-Content Indifferent |
| RXA-5      | Administered Code                 |   |                              |
| RXA-5.1    | Identifier                        | 185   | Value-Test Case Fixed        |
| RXA-5.2    | Text                              | influenza, recombinant, quadrivalent, injectable, preservative free | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System             | CVX   | Value-Test Case Fixed        |
| RXA-6      | Administered Amount               | 0.5   | Value-Test Case Fixed        |
| RXA-7      | Administered Units                |   |                              |
| RXA-7.1    | Identifier                        | mL  | Value-Test Case Fixed        |
| RXA-7.2    | Text                              |   |                              |
| RXA-7.3    | Name of Coding System             | UCUM  | Value-Test Case Fixed        |
| RXA-9      | Administration Notes              |   |                              |
| RXA-9.1    | Identifier                        | 01  | Value-Test Case Fixed        |
| RXA-9.2    | Text                              |   |                              |
| RXA-9.3    | Name of Coding System             | NIP001  | Value-Test Case Fixed        |
| RXA-10     | Administering Provider            |   |                              |
| RXA-10.1   | ID Number                         |   |                              |
| RXA-10.2   | Family Name                       |   |                              |
| RXA-10.2.1 | Surname                           | Mason   | Presence-Content Indifferent |

|           |  |                |                              |
|-----------|--|----------------|------------------------------|
| RXA-10.3  | Given Name   | Jessica        | Presence-Content Indifferent |
| RXA-10.4  | Second and Further Given Names or Initials Thereof |                |                              |
| RXA-10.9  | Assigning Authority                                |                |                              |
| RXA-10.10 | Name Type Code                                     |                |                              |
| RXA-10.13 | Identifier Type Code                               |                |                              |
| RXA-11    | Administered-at Location                           |                |                              |
| RXA-11.4  | Facility   |                |                              |
| RXA-15    | Substance Lot Number                               | 6475FK21       | Value-Test Case Fixed        |
| RXA-16    | Substance Expiration Date                          |                |                              |
| RXA-16.1  | Time   | 20201231       | Value-Test Case Fixed        |
| RXA-17    | Substance Manufacturer Name                        |                |                              |
| RXA-17.1  | Identifier   | PMC            | Value-Test Case Fixed        |
| RXA-17.2  | Text   | Sanofi Pasteur | Presence-Content Indifferent |
| RXA-17.3  | Name of Coding System                              | MVX            | Value-Test Case Fixed        |
| RXA-18    | Substance/Treatment Refusal Reason                 |                |                              |
| RXA-18.1  | Identifier   |                |                              |
| RXA-18.2  | Text   |                |                              |
| RXA-18.3  | Name of Coding System                              |                |                              |
| RXA-20    | Completion Status                                  | CP             | Value-Test Case Fixed        |
| RXA-21    | Action Code - RXA                                  | A              |                              |

**ORDER[3].RXR[1]**

| Location | Data Element          | Data          | Categorization               |
|----------|-----------------------|---------------|------------------------------|
| RXR-1    | Route                 |               |                              |
| RXR-1.1  | Identifier            | C28161        | Value-Test Case Fixed        |
| RXR-1.2  | Text                  | Intramuscular | Presence-Content Indifferent |
| RXR-1.3  | Name of Coding System | NCIT          | Value-Test Case Fixed        |
| RXR-2    | Administration Site   |               |                              |
| RXR-2.1  | Identifier            | LD            | Value-Test Case Fixed        |
| RXR-2.2  | Text                  | Left Deltoid  | Presence-Content Indifferent |
| RXR-2.3  | Name of Coding System | HL70163       | Value-Test Case Fixed        |

**ORDER[4].ORC[1]**

| Location   | Data Element                                       | Data    | Categorization               |
|------------|--|---------|------------------------------|
| ORC-1      | Order Control                                      | RE      |                              |
| ORC-2      | Placer Order Number                                |         |                              |
| ORC-2.1    | Entity Identifier                                  |         |                              |
| ORC-2.2    | Namespace ID                                       |         |                              |
| ORC-2.3    | Universal ID                                       |         |                              |
| ORC-2.4    | Universal ID Type                                  |         |                              |
| ORC-3      | Filler Order Number                                |         |                              |
| ORC-3.1    | Entity Identifier                                  | 197030  |                              |
| ORC-3.2    | Namespace ID                                       | MPC     |                              |
| ORC-3.3    | Universal ID                                       |         |                              |
| ORC-3.4    | Universal ID Type                                  |         |                              |
| ORC-10     | Entered By   |         |                              |
| ORC-10.1   | ID Number  |         |                              |
| ORC-10.2   | Family Name  |         |                              |
| ORC-10.2.1 | Surname  | Mason   | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-10.9   | Assigning Authority                                |         |                              |



|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Jobs               |                              |
| ORC-12.3   | Given Name   | John               |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[4].RXA[1]**

| Location   | Data Element                                       | Data  | Categorization               |
|------------|--|---|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0   |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1   |                              |
| RXA-3      | Date/Time Start of Administration                  |   |                              |
| RXA-3.1    | Time   | 20210901  | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |   |                              |
| RXA-5.1    | Identifier   | 185   | Value-Test Case Fixed        |
| RXA-5.2    | Text   | influenza, recombinant, quadrivalent, injectable, preservative free | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX   | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5   |                              |
| RXA-7      | Administered Units                                 |   |                              |
| RXA-7.1    | Identifier   | mL  |                              |
| RXA-7.2    | Text   |   |                              |
| RXA-7.3    | Name of Coding System                              | UCUM  |                              |
| RXA-9      | Administration Notes                               |   |                              |
| RXA-9.1    | Identifier   | 02  | Value-Test Case Fixed        |
| RXA-9.2    | Text   | Historical information - from other provider                        |                              |
| RXA-9.3    | Name of Coding System                              | NIP001  | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |   |                              |
| RXA-10.1   | ID Number  |   |                              |
| RXA-10.2   | Family Name  |   |                              |
| RXA-10.2.1 | Surname  | Muir  | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Sophia  |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |   |                              |
| RXA-10.9   | Assigning Authority                                |   |                              |
| RXA-10.10  | Name Type Code                                     |   |                              |
| RXA-10.13  | Identifier Type Code                               |   |                              |
| RXA-11     | Administered-at Location                           |   |                              |
| RXA-11.4   | Facility   |   |                              |
| RXA-15     | Substance Lot Number                               | 8L4B3423  |                              |
| RXA-16     | Substance Expiration Date                          |   |                              |
| RXA-16.1   | Time   | 20211231  |                              |
| RXA-17     | Substance Manufacturer Name                        |   |                              |

|          |                                       |                |                       |
|----------|---------------------------------------|----------------|-----------------------|
| RXA-17.1 | Identifier                            | PMC            |                       |
| RXA-17.2 | Text                                  | Sanofi Pasteur |                       |
| RXA-17.3 | Name of Coding System                 | MVX            |                       |
| RXA-18   | Substance/Treatment<br>Refusal Reason |                |                       |
| RXA-18.1 | Identifier                            |                |                       |
| RXA-18.2 | Text                                  |                |                       |
| RXA-18.3 | Name of Coding System                 |                |                       |
| RXA-20   | Completion Status                     | CP             | Value-Test Case Fixed |
| RXA-21   | Action Code - RXA                     | A              |                       |

**ORDER[4].RXR[1]**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | RD            |                |
| RXR-2.2  | Text                  | Right Deltoid |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

**ORDER[5].ORC[1]**

| Location   | Data Element  | Data    | Categorization               |
|------------|---|---------|------------------------------|
| ORC-1      | Order Control   | RE      |                              |
| ORC-2      | Placer Order Number                                   |         |                              |
| ORC-2.1    | Entity Identifier                                     |         |                              |
| ORC-2.2    | Namespace ID  |         |                              |
| ORC-2.3    | Universal ID  |         |                              |
| ORC-2.4    | Universal ID Type                                     |         |                              |
| ORC-3      | Filler Order Number                                   |         |                              |
| ORC-3.1    | Entity Identifier                                     | 197030  |                              |
| ORC-3.2    | Namespace ID  | MPC     |                              |
| ORC-3.3    | Universal ID  |         |                              |
| ORC-3.4    | Universal ID Type                                     |         |                              |
| ORC-10     | Entered By  |         |                              |
| ORC-10.1   | ID Number   |         |                              |
| ORC-10.2   | Family Name   |         |                              |
| ORC-10.2.1 | Surname   | Mason   | Presence-Content Indifferent |
| ORC-10.3   | Given Name  | Jessica | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given<br>Names or Initials Thereof |         |                              |
| ORC-10.9   | Assigning Authority                                   |         |                              |
| ORC-10.10  | Name Type Code  |         |                              |
| ORC-10.13  | Identifier Type Code                                  |         |                              |
| ORC-12     | Ordering Provider                                     |         |                              |
| ORC-12.1   | ID Number   |         |                              |
| ORC-12.2   | Family Name   |         |                              |
| ORC-12.2.1 | Surname   | Price   |                              |
| ORC-12.3   | Given Name  | Shannon |                              |
| ORC-12.4   | Second and Further Given<br>Names or Initials Thereof |         |                              |
| ORC-12.9   | Assigning Authority                                   |         |                              |
| ORC-12.10  | Name Type Code  | L       |                              |
| ORC-12.13  | Identifier Type Code                                  |         |                              |

|          |                       |                    |                              |
|----------|-----------------------|--------------------|------------------------------|
| ORC-17   | Entering Organization |                    |                              |
| ORC-17.1 | Identifier            | MPC                | Presence-Content Indifferent |
| ORC-17.2 | Text                  | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362            | Presence-Content Indifferent |

**ORDER[5].RXA[1]**

| Location   | Data Element                                       | Data                             | Categorization               |
|------------|--|----------------------------------|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0                                |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1                                |                              |
| RXA-3      | Date/Time Start of Administration                  |                                  |                              |
| RXA-3.1    | Time   | 20211031                         | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |                                  |                              |
| RXA-5.1    | Identifier   | 208                              | Value-Test Case Fixed        |
| RXA-5.2    | Text   | Pfizer-BioNTech COVID-19 Vaccine | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX                              | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5                              |                              |
| RXA-7      | Administered Units                                 |                                  |                              |
| RXA-7.1    | Identifier   | mL                               |                              |
| RXA-7.2    | Text   |                                  |                              |
| RXA-7.3    | Name of Coding System                              | UCUM                             |                              |
| RXA-9      | Administration Notes                               |                                  |                              |
| RXA-9.1    | Identifier   | 00                               | Value-Test Case Fixed        |
| RXA-9.2    | Text   |                                  |                              |
| RXA-9.3    | Name of Coding System                              | NIP001                           | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |                                  |                              |
| RXA-10.1   | ID Number  |                                  |                              |
| RXA-10.2   | Family Name  |                                  |                              |
| RXA-10.2.1 | Surname  | Mason                            | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica                          |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                                  |                              |
| RXA-10.9   | Assigning Authority                                |                                  |                              |
| RXA-10.10  | Name Type Code                                     |                                  |                              |
| RXA-10.13  | Identifier Type Code                               |                                  |                              |
| RXA-11     | Administered-at Location                           |                                  |                              |
| RXA-11.4   | Facility   |                                  |                              |
| RXA-15     | Substance Lot Number                               | 8L7B3418                         |                              |
| RXA-16     | Substance Expiration Date                          |                                  |                              |
| RXA-16.1   | Time   | 20221231                         |                              |
| RXA-17     | Substance Manufacturer Name                        |                                  |                              |
| RXA-17.1   | Identifier   | PFR                              |                              |
| RXA-17.2   | Text   | Pfizer Manufacturing Belgium NV  |                              |
| RXA-17.3   | Name of Coding System                              | MVX                              |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |                                  |                              |
| RXA-18.1   | Identifier   |                                  |                              |
| RXA-18.2   | Text   |                                  |                              |
| RXA-18.3   | Name of Coding System                              |                                  |                              |
| RXA-20     | Completion Status                                  | CP                               | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A                                |                              |

**ORDER[5].RXR[1]**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | RD            |                |
| RXR-2.2  | Text                  | Right Deltoid |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

**ORDER[5].OBSERVATION[1].OBX[1]**

| Location | Data Element                    | Data  | Categorization |
|----------|---------------------------------|---|----------------|
| OBX-1    | Set ID - OBX                    | 1   |                |
| OBX-2    | Value Type                      | CE  |                |
| OBX-3    | Observation Identifier          |   |                |
| OBX-3.1  | Identifier                      | 69764-9   |                |
| OBX-3.2  | Text                            | Document Type   |                |
| OBX-3.3  | Name of Coding System           | LN  |                |
| OBX-4    | Observation Sub-ID              | 1   |                |
| OBX-5    | Observation Value               |   |                |
| OBX-5.1  | Identifier                      | 253088698300033211210501  |                |
| OBX-5.2  | Text                            | COVID-19 Pfizer BioNTech<br>EUA Recipient-Caregiver<br>Fact Sheet-12 years and<br>older |                |
| OBX-5.3  | Name of Coding System           | cdcs1vis  |                |
| OBX-6    | Units                           |   |                |
| OBX-6.1  | Identifier                      |   |                |
| OBX-6.2  | Text                            |   |                |
| OBX-6.3  | Name of Coding System           |   |                |
| OBX-11   | Observation Result Status       | F   |                |
| OBX-14   | Date/Time of the<br>Observation |   |                |
| OBX-14.1 | Time                            | 20211031  |                |
| OBX-17   | Observation Method              |   |                |
| OBX-17.1 | Identifier                      |   |                |
| OBX-17.2 | Text                            |   |                |
| OBX-17.3 | Name of Coding System           |   |                |

**ORDER[5].OBSERVATION[2].OBX[1]**

| Location | Data Element              | Data                  | Categorization |
|----------|---------------------------|-----------------------|----------------|
| OBX-1    | Set ID - OBX              | 2                     |                |
| OBX-2    | Value Type                | TS                    |                |
| OBX-3    | Observation Identifier    |                       |                |
| OBX-3.1  | Identifier                | 29769-7               |                |
| OBX-3.2  | Text                      | VIS Presentation Date |                |
| OBX-3.3  | Name of Coding System     | LN                    |                |
| OBX-4    | Observation Sub-ID        | 1                     |                |
| OBX-5    | Observation Value         |                       |                |
| OBX-5.1  | Time                      | 20211031              |                |
| OBX-6    | Units                     |                       |                |
| OBX-6.1  | Identifier                |                       |                |
| OBX-6.2  | Text                      |                       |                |
| OBX-6.3  | Name of Coding System     |                       |                |
| OBX-11   | Observation Result Status | F                     |                |

|          |                              |          |  |
|----------|------------------------------|----------|--|
| OBX-14   | Date/Time of the Observation |          |  |
| OBX-14.1 | Time                         | 20211031 |  |
| OBX-17   | Observation Method           |          |  |
| OBX-17.1 | Identifier                   |          |  |
| OBX-17.2 | Text                         |          |  |
| OBX-17.3 | Name of Coding System        |          |  |

**ORDER[5].OBSERVATION[3].OBX[1]**

| Location | Data Element                 | Data                      | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 3                         |                |
| OBX-2    | Value Type                   | CE                        |                |
| OBX-3    | Observation Identifier       |                           |                |
| OBX-3.1  | Identifier                   | 64994-7                   |                |
| OBX-3.2  | Text                         | vaccine fund pgm elig cat |                |
| OBX-3.3  | Name of Coding System        | LN                        |                |
| OBX-4    | Observation Sub-ID           | 2                         |                |
| OBX-5    | Observation Value            |                           |                |
| OBX-5.1  | Identifier                   | V01                       |                |
| OBX-5.2  | Text                         | Not VFC elig              |                |
| OBX-5.3  | Name of Coding System        | HL70064                   |                |
| OBX-6    | Units                        |                           |                |
| OBX-6.1  | Identifier                   |                           |                |
| OBX-6.2  | Text                         |                           |                |
| OBX-6.3  | Name of Coding System        |                           |                |
| OBX-11   | Observation Result Status    | F                         |                |
| OBX-14   | Date/Time of the Observation |                           |                |
| OBX-14.1 | Time                         | 20211031                  |                |
| OBX-17   | Observation Method           |                           |                |
| OBX-17.1 | Identifier                   |                           |                |
| OBX-17.2 | Text                         |                           |                |
| OBX-17.3 | Name of Coding System        |                           |                |

**ORDER[5].OBSERVATION[4].OBX[1]**

| Location | Data Element                 | Data                   | Categorization |
|----------|------------------------------|------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 4                      |                |
| OBX-2    | Value Type                   | CE                     |                |
| OBX-3    | Observation Identifier       |                        |                |
| OBX-3.1  | Identifier                   | 30963-3                |                |
| OBX-3.2  | Text                         | Vaccine funding source |                |
| OBX-3.3  | Name of Coding System        | LN                     |                |
| OBX-4    | Observation Sub-ID           | 2                      |                |
| OBX-5    | Observation Value            |                        |                |
| OBX-5.1  | Identifier                   | VXC50                  |                |
| OBX-5.2  | Text                         | Public funds           |                |
| OBX-5.3  | Name of Coding System        | CDCPHINVS              |                |
| OBX-6    | Units                        |                        |                |
| OBX-6.1  | Identifier                   |                        |                |
| OBX-6.2  | Text                         |                        |                |
| OBX-6.3  | Name of Coding System        |                        |                |
| OBX-11   | Observation Result Status    | F                      |                |
| OBX-14   | Date/Time of the Observation |                        |                |
| OBX-14.1 | Time                         | 20211031               |                |

|          |                       |  |  |
|----------|-----------------------|--|--|
| OBX-17   | Observation Method    |  |  |
| OBX-17.1 | Identifier            |  |  |
| OBX-17.2 | Text                  |  |  |
| OBX-17.3 | Name of Coding System |  |  |

**ORDER[6].ORC[1]**

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| ORC-1      | Order Control                                      | RE                 |                              |
| ORC-2      | Placer Order Number                                |                    |                              |
| ORC-2.1    | Entity Identifier                                  |                    |                              |
| ORC-2.2    | Namespace ID                                       |                    |                              |
| ORC-2.3    | Universal ID                                       |                    |                              |
| ORC-2.4    | Universal ID Type                                  |                    |                              |
| ORC-3      | Filler Order Number                                |                    |                              |
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[6].RXA[1]**

| Location | Data Element                      | Data                              | Categorization               |
|----------|-----------------------------------|-----------------------------------|------------------------------|
| RXA-1    | Give Sub-ID Counter               | 0                                 |                              |
| RXA-2    | Administration Sub-ID Counter     | 1                                 |                              |
| RXA-3    | Date/Time Start of Administration |                                   |                              |
| RXA-3.1  | Time                              | 20211031                          | Value-Test Case Fixed        |
| RXA-5    | Administered Code                 |                                   |                              |
| RXA-5.1  | Identifier                        | 43                                | Value-Test Case Fixed        |
| RXA-5.2  | Text                              | hepatitis B vaccine, adult dosage | Presence-Content Indifferent |
| RXA-5.3  | Name of Coding System             | CVX                               | Value-Test Case Fixed        |

|            |  |                                |                              |
|------------|--|--------------------------------|------------------------------|
| RXA-6      | Administered Amount                                | 1                              |                              |
| RXA-7      | Administered Units                                 |                                |                              |
| RXA-7.1    | Identifier   | mL                             |                              |
| RXA-7.2    | Text   |                                |                              |
| RXA-7.3    | Name of Coding System                              | UCUM                           |                              |
| RXA-9      | Administration Notes                               |                                |                              |
| RXA-9.1    | Identifier   | 00                             | Value-Test Case Fixed        |
| RXA-9.2    | Text   |                                |                              |
| RXA-9.3    | Name of Coding System                              | NIP001                         | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |                                |                              |
| RXA-10.1   | ID Number  |                                |                              |
| RXA-10.2   | Family Name  |                                |                              |
| RXA-10.2.1 | Surname  | Mason                          | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica                        |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                                |                              |
| RXA-10.9   | Assigning Authority                                |                                |                              |
| RXA-10.10  | Name Type Code                                     |                                |                              |
| RXA-10.13  | Identifier Type Code                               |                                |                              |
| RXA-11     | Administered-at Location                           |                                |                              |
| RXA-11.4   | Facility   |                                |                              |
| RXA-15     | Substance Lot Number                               | 6942FL12                       |                              |
| RXA-16     | Substance Expiration Date                          |                                |                              |
| RXA-16.1   | Time   | 20221231                       |                              |
| RXA-17     | Substance Manufacturer Name                        |                                |                              |
| RXA-17.1   | Identifier   | SKB                            |                              |
| RXA-17.2   | Text   | GlaxoSmithKline Biologicals SA |                              |
| RXA-17.3   | Name of Coding System                              | MVX                            |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |                                |                              |
| RXA-18.1   | Identifier   |                                |                              |
| RXA-18.2   | Text   |                                |                              |
| RXA-18.3   | Name of Coding System                              |                                |                              |
| RXA-20     | Completion Status                                  | CP                             | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A                              |                              |

#### ORDER[6].RXR[1]

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |
| RXR-2.2  | Text                  | Left Deltoid  |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

#### ORDER[6].OBSERVATION[1].OBX[1]

| Location | Data Element           | Data          | Categorization |
|----------|------------------------|---------------|----------------|
| OBX-1    | Set ID - OBX           | 1             |                |
| OBX-2    | Value Type             | CE            |                |
| OBX-3    | Observation Identifier |               |                |
| OBX-3.1  | Identifier             | 69764-9       |                |
| OBX-3.2  | Text                   | Document Type |                |

|          |                              |                          |  |
|----------|------------------------------|--------------------------|--|
| OBX-3.3  | Name of Coding System        | LN                       |  |
| OBX-4    | Observation Sub-ID           | 1                        |  |
| OBX-5    | Observation Value            |                          |  |
| OBX-5.1  | Identifier                   | 253088698300005911211015 |  |
| OBX-5.2  | Text                         | Hepatitis B Vaccine VIS  |  |
| OBX-5.3  | Name of Coding System        | cdcgs1vis                |  |
| OBX-6    | Units                        |                          |  |
| OBX-6.1  | Identifier                   |                          |  |
| OBX-6.2  | Text                         |                          |  |
| OBX-6.3  | Name of Coding System        |                          |  |
| OBX-11   | Observation Result Status    | F                        |  |
| OBX-14   | Date/Time of the Observation |                          |  |
| OBX-14.1 | Time                         | 20211031                 |  |
| OBX-17   | Observation Method           |                          |  |
| OBX-17.1 | Identifier                   |                          |  |
| OBX-17.2 | Text                         |                          |  |
| OBX-17.3 | Name of Coding System        |                          |  |

**ORDER[6].OBSERVATION[2].OBX[1]**

| Location | Data Element                 | Data                  | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1    | Set ID - OBX                 | 2                     |                |
| OBX-2    | Value Type                   | TS                    |                |
| OBX-3    | Observation Identifier       |                       |                |
| OBX-3.1  | Identifier                   | 29769-7               |                |
| OBX-3.2  | Text                         | VIS Presentation Date |                |
| OBX-3.3  | Name of Coding System        | LN                    |                |
| OBX-4    | Observation Sub-ID           | 1                     |                |
| OBX-5    | Observation Value            |                       |                |
| OBX-5.1  | Time                         | 20211031              |                |
| OBX-6    | Units                        |                       |                |
| OBX-6.1  | Identifier                   |                       |                |
| OBX-6.2  | Text                         |                       |                |
| OBX-6.3  | Name of Coding System        |                       |                |
| OBX-11   | Observation Result Status    | F                     |                |
| OBX-14   | Date/Time of the Observation |                       |                |
| OBX-14.1 | Time                         | 20211031              |                |
| OBX-17   | Observation Method           |                       |                |
| OBX-17.1 | Identifier                   |                       |                |
| OBX-17.2 | Text                         |                       |                |
| OBX-17.3 | Name of Coding System        |                       |                |

**ORDER[6].OBSERVATION[3].OBX[1]**

| Location | Data Element           | Data                      | Categorization |
|----------|------------------------|---------------------------|----------------|
| OBX-1    | Set ID - OBX           | 3                         |                |
| OBX-2    | Value Type             | CE                        |                |
| OBX-3    | Observation Identifier |                           |                |
| OBX-3.1  | Identifier             | 64994-7                   |                |
| OBX-3.2  | Text                   | vaccine fund pgm elig cat |                |
| OBX-3.3  | Name of Coding System  | LN                        |                |
| OBX-4    | Observation Sub-ID     | 2                         |                |
| OBX-5    | Observation Value      |                           |                |
| OBX-5.1  | Identifier             | V01                       |                |
| OBX-5.2  | Text                   | Not VFC elig              |                |
| OBX-5.3  | Name of Coding System  | HL70064                   |                |



|          |                              |          |  |
|----------|------------------------------|----------|--|
| OBX-6    | Units                        |          |  |
| OBX-6.1  | Identifier                   |          |  |
| OBX-6.2  | Text                         |          |  |
| OBX-6.3  | Name of Coding System        |          |  |
| OBX-11   | Observation Result Status    | F        |  |
| OBX-14   | Date/Time of the Observation |          |  |
| OBX-14.1 | Time                         | 20211031 |  |
| OBX-17   | Observation Method           |          |  |
| OBX-17.1 | Identifier                   |          |  |
| OBX-17.2 | Text                         |          |  |
| OBX-17.3 | Name of Coding System        |          |  |

**ORDER[6].OBSERVATION[4].OBX[1]**

| Location | Data Element                 | Data                   | Categorization |
|----------|------------------------------|------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 4                      |                |
| OBX-2    | Value Type                   | CE                     |                |
| OBX-3    | Observation Identifier       |                        |                |
| OBX-3.1  | Identifier                   | 30963-3                |                |
| OBX-3.2  | Text                         | Vaccine funding source |                |
| OBX-3.3  | Name of Coding System        | LN                     |                |
| OBX-4    | Observation Sub-ID           | 2                      |                |
| OBX-5    | Observation Value            |                        |                |
| OBX-5.1  | Identifier                   | PHC70                  |                |
| OBX-5.2  | Text                         | Private funds          |                |
| OBX-5.3  | Name of Coding System        | CDCPHINVS              |                |
| OBX-6    | Units                        |                        |                |
| OBX-6.1  | Identifier                   |                        |                |
| OBX-6.2  | Text                         |                        |                |
| OBX-6.3  | Name of Coding System        |                        |                |
| OBX-11   | Observation Result Status    | F                      |                |
| OBX-14   | Date/Time of the Observation |                        |                |
| OBX-14.1 | Time                         | 20211031               |                |
| OBX-17   | Observation Method           |                        |                |
| OBX-17.1 | Identifier                   |                        |                |
| OBX-17.2 | Text                         |                        |                |
| OBX-17.3 | Name of Coding System        |                        |                |

**ORDER[7].ORC[1]**

| Location   | Data Element        | Data  | Categorization               |
|------------|---------------------|-------|------------------------------|
| ORC-1      | Order Control       | RE    |                              |
| ORC-2      | Placer Order Number |       |                              |
| ORC-2.1    | Entity Identifier   |       |                              |
| ORC-2.2    | Namespace ID        |       |                              |
| ORC-2.3    | Universal ID        |       |                              |
| ORC-2.4    | Universal ID Type   |       |                              |
| ORC-3      | Filler Order Number |       |                              |
| ORC-3.1    | Entity Identifier   | 9999  |                              |
| ORC-3.2    | Namespace ID        | OP    |                              |
| ORC-3.3    | Universal ID        |       |                              |
| ORC-3.4    | Universal ID Type   |       |                              |
| ORC-10     | Entered By          |       |                              |
| ORC-10.1   | ID Number           |       |                              |
| ORC-10.2   | Family Name         |       |                              |
| ORC-10.2.1 | Surname             | Mason | Presence-Content Indifferent |

|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORDER[7].RXA[1]**

| Location   | Data Element                                       | Data                    | Categorization               |
|------------|--|-------------------------|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0                       |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1                       |                              |
| RXA-3      | Date/Time Start of Administration                  |                         |                              |
| RXA-3.1    | Time   | 20170515                | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |                         |                              |
| RXA-5.1    | Identifier   | 998                     | Value-Test Case Fixed        |
| RXA-5.2    | Text   | No vaccine administered | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX                     | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 999                     |                              |
| RXA-7      | Administered Units                                 |                         |                              |
| RXA-7.1    | Identifier   |                         |                              |
| RXA-7.2    | Text   |                         |                              |
| RXA-7.3    | Name of Coding System                              |                         |                              |
| RXA-9      | Administration Notes                               |                         |                              |
| RXA-9.1    | Identifier   |                         |                              |
| RXA-9.2    | Text   |                         |                              |
| RXA-9.3    | Name of Coding System                              |                         |                              |
| RXA-10     | Administering Provider                             |                         |                              |
| RXA-10.1   | ID Number  |                         |                              |
| RXA-10.2   | Family Name  |                         |                              |
| RXA-10.2.1 | Surname  |                         |                              |
| RXA-10.3   | Given Name   |                         |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                         |                              |
| RXA-10.9   | Assigning Authority                                |                         |                              |
| RXA-10.10  | Name Type Code                                     |                         |                              |
| RXA-10.13  | Identifier Type Code                               |                         |                              |
| RXA-11     | Administered-at Location                           |                         |                              |
| RXA-11.4   | Facility   |                         |                              |
| RXA-15     | Substance Lot Number                               |                         |                              |
| RXA-16     | Substance Expiration Date                          |                         |                              |

|          |                                    |    |                       |
|----------|------------------------------------|----|-----------------------|
| RXA-16.1 | Time                               |    |                       |
| RXA-17   | Substance Manufacturer Name        |    |                       |
| RXA-17.1 | Identifier                         |    |                       |
| RXA-17.2 | Text                               |    |                       |
| RXA-17.3 | Name of Coding System              |    |                       |
| RXA-18   | Substance/Treatment Refusal Reason |    |                       |
| RXA-18.1 | Identifier                         |    |                       |
| RXA-18.2 | Text                               |    |                       |
| RXA-18.3 | Name of Coding System              |    |                       |
| RXA-20   | Completion Status                  | NA | Value-Test Case Fixed |
| RXA-21   | Action Code - RXA                  | A  |                       |

**ORDER[7].OBSERVATION[1].OBX[1]**

| Location | Data Element                 | Data                              | Categorization |
|----------|------------------------------|-----------------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 1                                 |                |
| OBX-2    | Value Type                   | CE                                |                |
| OBX-3    | Observation Identifier       |                                   |                |
| OBX-3.1  | Identifier                   | 30956-7                           |                |
| OBX-3.2  | Text                         | vaccine type                      |                |
| OBX-3.3  | Name of Coding System        | LN                                |                |
| OBX-4    | Observation Sub-ID           | 1                                 |                |
| OBX-5    | Observation Value            |                                   |                |
| OBX-5.1  | Identifier                   | 52                                |                |
| OBX-5.2  | Text                         | hepatitis A vaccine, adult dosage |                |
| OBX-5.3  | Name of Coding System        | CVX                               |                |
| OBX-6    | Units                        |                                   |                |
| OBX-6.1  | Identifier                   |                                   |                |
| OBX-6.2  | Text                         |                                   |                |
| OBX-6.3  | Name of Coding System        |                                   |                |
| OBX-11   | Observation Result Status    | F                                 |                |
| OBX-14   | Date/Time of the Observation |                                   |                |
| OBX-14.1 | Time                         | 20170515                          |                |
| OBX-17   | Observation Method           |                                   |                |
| OBX-17.1 | Identifier                   |                                   |                |
| OBX-17.2 | Text                         |                                   |                |
| OBX-17.3 | Name of Coding System        |                                   |                |

**ORDER[7].OBSERVATION[2].OBX[1]**

| Location | Data Element           | Data   | Categorization |
|----------|------------------------|--|----------------|
| OBX-1    | Set ID - OBX           | 2  |                |
| OBX-2    | Value Type             | CE   |                |
| OBX-3    | Observation Identifier |  |                |
| OBX-3.1  | Identifier             | 75505-8  |                |
| OBX-3.2  | Text                   | Diseases with serological evidence of immunity |                |
| OBX-3.3  | Name of Coding System  | LN   |                |
| OBX-4    | Observation Sub-ID     | 1  |                |
| OBX-5    | Observation Value      |  |                |
| OBX-5.1  | Identifier             | 278971009                                      |                |
| OBX-5.2  | Text                   | Serology confirmed hepatitis A                 |                |
| OBX-5.3  | Name of Coding System  | SCT  |                |

|          |                              |          |  |
|----------|------------------------------|----------|--|
| OBX-6    | Units                        |          |  |
| OBX-6.1  | Identifier                   |          |  |
| OBX-6.2  | Text                         |          |  |
| OBX-6.3  | Name of Coding System        |          |  |
| OBX-11   | Observation Result Status    | F        |  |
| OBX-14   | Date/Time of the Observation |          |  |
| OBX-14.1 | Time                         | 20170515 |  |
| OBX-17   | Observation Method           |          |  |
| OBX-17.1 | Identifier                   |          |  |
| OBX-17.2 | Text                         |          |  |
| OBX-17.3 | Name of Coding System        |          |  |

| Location | Data Element                     | Data                 | Categorization               |
|----------|----------------------------------|----------------------|------------------------------|
| MSH-1    | Field Separator                  |                      |                              |
| MSH-2    | Encoding Characters              | ^~\&                 |                              |
| MSH-3    | Sending Application              |                      |                              |
| MSH-3.1  | Namespace ID                     | Test EHR Application |                              |
| MSH-3.2  | Universal ID                     |                      |                              |
| MSH-3.3  | Universal ID Type                |                      |                              |
| MSH-4    | Sending Facility                 |                      |                              |
| MSH-4.1  | Namespace ID                     | X68                  |                              |
| MSH-4.2  | Universal ID                     |                      |                              |
| MSH-4.3  | Universal ID Type                |                      |                              |
| MSH-5    | Receiving Application            |                      |                              |
| MSH-5.1  | Namespace ID                     |                      |                              |
| MSH-5.2  | Universal ID                     |                      |                              |
| MSH-5.3  | Universal ID Type                |                      |                              |
| MSH-6    | Receiving Facility               |                      |                              |
| MSH-6.1  | Namespace ID                     | NIST Test Iz Reg     |                              |
| MSH-6.2  | Universal ID                     |                      |                              |
| MSH-6.3  | Universal ID Type                |                      |                              |
| MSH-7    | Date/Time Of Message             |                      |                              |
| MSH-7.1  | Time                             | 20211031082240-0500  |                              |
| MSH-9    | Message Type                     |                      |                              |
| MSH-9.1  | Message Code                     | VXU                  |                              |
| MSH-9.2  | Trigger Event                    | V04                  |                              |
| MSH-9.3  | Message Structure                | VXU_V04              |                              |
| MSH-10   | Message Control ID               | NIST-IZ-001.00       |                              |
| MSH-11   | Processing ID                    |                      |                              |
| MSH-11.1 | Processing ID                    | P                    |                              |
| MSH-12   | Version ID                       |                      |                              |
| MSH-12.1 | Version ID                       | 2.5.1                |                              |
| MSH-15   | Accept Acknowledgment Type       | ER                   |                              |
| MSH-16   | Application Acknowledgment Type  | AL                   |                              |
| MSH-21   | Message Profile Identifier       |                      |                              |
| MSH-21.1 | Entity Identifier                | Z22                  |                              |
| MSH-21.2 | Namespace ID                     | CDCPHINVS            |                              |
| MSH-21.3 | Universal ID                     |                      |                              |
| MSH-21.4 | Universal ID Type                |                      |                              |
| MSH-22   | Sending Responsible Organization |                      |                              |
| MSH-22.1 | Organization Name                | IPEHRFAC             | Presence-Content Indifferent |
| MSH-22.6 | Assigning Authority              |                      |                              |

|           |                                    |          |                              |
|-----------|------------------------------------|----------|------------------------------|
| MSH-22.7  | Identifier Type Code               | XX       | Presence-Content Indifferent |
| MSH-22.10 | Organization Identifier            | 100-1    | Presence-Content Indifferent |
| MSH-23    | Receiving Responsible Organization |          |                              |
| MSH-23.1  | Organization Name                  | IPIISFAC | Presence-Content Indifferent |
| MSH-23.6  | Assigning Authority                |          |                              |
| MSH-23.7  | Identifier Type Code               | XX       | Presence-Content Indifferent |
| MSH-23.10 | Organization Identifier            | 100-2    | Presence-Content Indifferent |

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| PID-1      | Set ID - PID                                       | 1                  |                              |
| PID-3[1]   | Patient Identifier List                            |                    |                              |
| PID-3[1].1 | ID Number  | 123456             |                              |
| PID-3[1].4 | Assigning Authority                                |                    |                              |
| PID-3[1].5 | Identifier Type Code                               | MR                 |                              |
| PID-3[2]   | Patient Identifier List                            |                    |                              |
| PID-3[2].1 | ID Number  | 987633             |                              |
| PID-3[2].4 | Assigning Authority                                |                    |                              |
| PID-3[2].5 | Identifier Type Code                               | SR                 |                              |
| PID-5      | Patient Name                                       |                    |                              |
| PID-5.1    | Family Name  |                    |                              |
| PID-5.1.1  | Surname  | Marina             | Value-Test Case Fixed        |
| PID-5.2    | Given Name   | Anita              | Value-Test Case Fixed        |
| PID-5.3    | Second and Further Given Names or Initials Thereof | Francesca          | Value-Test Case Fixed        |
| PID-5.7    | Name Type Code                                     | L                  | Value-Test Case Fixed        |
| PID-6      | Mother's Maiden Name                               |                    |                              |
| PID-6.1    | Family Name  |                    |                              |
| PID-6.1.1  | Surname  | Ramirez            | Presence-Content Indifferent |
| PID-6.7    | Name Type Code                                     | M                  | Value-Test Case Fixed        |
| PID-7      | Date/Time of Birth                                 |                    |                              |
| PID-7.1    | Time   | 19860601           | Value-Test Case Fixed        |
| PID-8      | Administrative Sex                                 | F                  | Value-Test Case Fixed        |
| PID-10     | Race   |                    |                              |
| PID-10.1   | Identifier   | 2106-3             | Value-Test Case Fixed        |
| PID-10.2   | Text   | White              | Value-Test Case Fixed        |
| PID-10.3   | Name of Coding System                              | CDCREC             | Value-Test Case Fixed        |
| PID-11     | Patient Address                                    |                    |                              |
| PID-11.1   | Street Address                                     |                    |                              |
| PID-11.1.1 | Street or Mailing Address                          | 4623 Standish Way  |                              |
| PID-11.2   | Other Designation                                  |                    |                              |
| PID-11.3   | City   | Stamford           | Value-Test Case Fixed        |
| PID-11.4   | State or Province                                  | CT                 | Value-Test Case Fixed        |
| PID-11.5   | Zip or Postal Code                                 | 06903              | Value-Test Case Fixed        |
| PID-11.6   | Country  | USA                | Value-Test Case Fixed        |
| PID-11.7   | Address Type                                       | L                  | Value-Test Case Fixed        |
| PID-13     | Phone Number - Home                                |                    |                              |
| PID-13.2   | Telecommunication Use Code                         | PRN                | Value-Test Case Fixed        |
| PID-13.3   | Telecommunication Equipment Type                   | CP                 | Value-Test Case Fixed        |
| PID-13.4   | Email Address                                      |                    |                              |
| PID-13.6   | Area/City Code                                     | 203                | Value-Test Case Fixed        |
| PID-13.7   | Local Number                                       | 5551213            | Value-Test Case Fixed        |
| PID-22     | Ethnic Group                                       |                    |                              |
| PID-22.1   | Identifier   | 2135-2             | Value-Test Case Fixed        |
| PID-22.2   | Text   | Hispanic or Latino | Value-Test Case Fixed        |

|          |                             |        |                       |
|----------|-----------------------------|--------|-----------------------|
| PID-22.3 | Name of Coding System       | CDCREC | Value-Test Case Fixed |
| PID-24   | Multiple Birth Indicator    | N      | Value-Test Case Fixed |
| PID-25   | Birth Order                 |        |                       |
| PID-29   | Patient Death Date and Time |        |                       |
| PID-29.1 | Time                        |        |                       |
| PID-30   | Patient Death Indicator     |        |                       |

| Location | Data Element                                | Data                         | Categorization                      |
|----------|---|------------------------------|-------------------------------------|
| PD1-11   | Publicity Code                              |                              |                                     |
| PD1-11.1 | Identifier                                  | 02                           | Value-Test Case Fixed               |
| PD1-11.2 | Text  | Reminder/Recall - any method | Presence-Content Indifferent        |
| PD1-11.3 | Name of Coding System                       | HL70215                      | Value-Test Case Fixed               |
| PD1-12   | Protection Indicator                        | N                            | Value-Test Case Fixed               |
| PD1-13   | Protection Indicator Effective Date         | 20121001                     | Presence Length-Content Indifferent |
| PD1-16   | Immunization Registry Status                | A                            | Value-Test Case Fixed               |
| PD1-17   | Immunization Registry Status Effective Date | 20121001                     | Presence-Content Indifferent        |
| PD1-18   | Publicity Code Effective Date               | 20121001                     | Presence-Content Indifferent        |

#### ORC - 1

| Location   | Data Element                                       | Data    | Categorization               |
|------------|--|---------|------------------------------|
| ORC-1      | Order Control                                      | RE      |                              |
| ORC-2      | Placer Order Number                                |         |                              |
| ORC-2.1    | Entity Identifier                                  |         |                              |
| ORC-2.2    | Namespace ID                                       |         |                              |
| ORC-2.3    | Universal ID                                       |         |                              |
| ORC-2.4    | Universal ID Type                                  |         |                              |
| ORC-3      | Filler Order Number                                |         |                              |
| ORC-3.1    | Entity Identifier                                  | 197030  |                              |
| ORC-3.2    | Namespace ID                                       | MPC     |                              |
| ORC-3.3    | Universal ID                                       |         |                              |
| ORC-3.4    | Universal ID Type                                  |         |                              |
| ORC-10     | Entered By   |         |                              |
| ORC-10.1   | ID Number  |         |                              |
| ORC-10.2   | Family Name  |         |                              |
| ORC-10.2.1 | Surname  | Mason   | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-10.9   | Assigning Authority                                |         |                              |
| ORC-10.10  | Name Type Code                                     |         |                              |
| ORC-10.13  | Identifier Type Code                               |         |                              |
| ORC-12     | Ordering Provider                                  |         |                              |
| ORC-12.1   | ID Number  |         |                              |
| ORC-12.2   | Family Name  |         |                              |
| ORC-12.2.1 | Surname  | Price   | Presence-Content Indifferent |
| ORC-12.3   | Given Name   | Shannon | Presence-Content Indifferent |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-12.9   | Assigning Authority                                |         |                              |
| ORC-12.10  | Name Type Code                                     | L       | Value-Test Case Fixed        |
| ORC-12.13  | Identifier Type Code                               |         |                              |
| ORC-17     | Entering Organization                              |         |                              |
| ORC-17.1   | Identifier   | MPC     | Presence-Content Indifferent |

|          |                       |                    |                              |
|----------|-----------------------|--------------------|------------------------------|
| ORC-17.2 | Text                  | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3 | Name of Coding System | HL70362            | Presence-Content Indifferent |

**ORC - 2**

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| ORC-1      | Order Control                                      | RE                 |                              |
| ORC-2      | Placer Order Number                                |                    |                              |
| ORC-2.1    | Entity Identifier                                  |                    |                              |
| ORC-2.2    | Namespace ID                                       |                    |                              |
| ORC-2.3    | Universal ID                                       |                    |                              |
| ORC-2.4    | Universal ID Type                                  |                    |                              |
| ORC-3      | Filler Order Number                                |                    |                              |
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

**ORC - 3**

| Location | Data Element        | Data   | Categorization |
|----------|---------------------|--------|----------------|
| ORC-1    | Order Control       | RE     |                |
| ORC-2    | Placer Order Number |        |                |
| ORC-2.1  | Entity Identifier   |        |                |
| ORC-2.2  | Namespace ID        |        |                |
| ORC-2.3  | Universal ID        |        |                |
| ORC-2.4  | Universal ID Type   |        |                |
| ORC-3    | Filler Order Number |        |                |
| ORC-3.1  | Entity Identifier   | 197030 |                |
| ORC-3.2  | Namespace ID        | MPC    |                |
| ORC-3.3  | Universal ID        |        |                |
| ORC-3.4  | Universal ID Type   |        |                |
| ORC-10   | Entered By          |        |                |
| ORC-10.1 | ID Number           |        |                |

|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              | Presence-Content Indifferent |
| ORC-12.3   | Given Name   | Shannon            | Presence-Content Indifferent |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  | Presence-Content Indifferent |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

#### ORC - 4

| Location   | Data Element                                       | Data    | Categorization               |
|------------|--|---------|------------------------------|
| ORC-1      | Order Control                                      | RE      |                              |
| ORC-2      | Placer Order Number                                |         |                              |
| ORC-2.1    | Entity Identifier                                  |         |                              |
| ORC-2.2    | Namespace ID                                       |         |                              |
| ORC-2.3    | Universal ID                                       |         |                              |
| ORC-2.4    | Universal ID Type                                  |         |                              |
| ORC-3      | Filler Order Number                                |         |                              |
| ORC-3.1    | Entity Identifier                                  | 197030  |                              |
| ORC-3.2    | Namespace ID                                       | MPC     |                              |
| ORC-3.3    | Universal ID                                       |         |                              |
| ORC-3.4    | Universal ID Type                                  |         |                              |
| ORC-10     | Entered By   |         |                              |
| ORC-10.1   | ID Number  |         |                              |
| ORC-10.2   | Family Name  |         |                              |
| ORC-10.2.1 | Surname  | Mason   | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-10.9   | Assigning Authority                                |         |                              |
| ORC-10.10  | Name Type Code                                     |         |                              |
| ORC-10.13  | Identifier Type Code                               |         |                              |
| ORC-12     | Ordering Provider                                  |         |                              |
| ORC-12.1   | ID Number  |         |                              |
| ORC-12.2   | Family Name  |         |                              |
| ORC-12.2.1 | Surname  | Jobs    |                              |
| ORC-12.3   | Given Name   | John    |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-12.9   | Assigning Authority                                |         |                              |
| ORC-12.10  | Name Type Code                                     | L       |                              |



|           |                       |                    |                              |
|-----------|-----------------------|--------------------|------------------------------|
| ORC-12.13 | Identifier Type Code  |                    |                              |
| ORC-17    | Entering Organization |                    |                              |
| ORC-17.1  | Identifier            | MPC                | Presence-Content Indifferent |
| ORC-17.2  | Text                  | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3  | Name of Coding System | HL70362            | Presence-Content Indifferent |

#### ORC - 5

| Location   | Data Element                                       | Data               | Categorization               |
|------------|--|--------------------|------------------------------|
| ORC-1      | Order Control                                      | RE                 |                              |
| ORC-2      | Placer Order Number                                |                    |                              |
| ORC-2.1    | Entity Identifier                                  |                    |                              |
| ORC-2.2    | Namespace ID                                       |                    |                              |
| ORC-2.3    | Universal ID                                       |                    |                              |
| ORC-2.4    | Universal ID Type                                  |                    |                              |
| ORC-3      | Filler Order Number                                |                    |                              |
| ORC-3.1    | Entity Identifier                                  | 197030             |                              |
| ORC-3.2    | Namespace ID                                       | MPC                |                              |
| ORC-3.3    | Universal ID                                       |                    |                              |
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

#### ORC - 6

| Location | Data Element        | Data   | Categorization |
|----------|---------------------|--------|----------------|
| ORC-1    | Order Control       | RE     |                |
| ORC-2    | Placer Order Number |        |                |
| ORC-2.1  | Entity Identifier   |        |                |
| ORC-2.2  | Namespace ID        |        |                |
| ORC-2.3  | Universal ID        |        |                |
| ORC-2.4  | Universal ID Type   |        |                |
| ORC-3    | Filler Order Number |        |                |
| ORC-3.1  | Entity Identifier   | 197030 |                |
| ORC-3.2  | Namespace ID        | MPC    |                |
| ORC-3.3  | Universal ID        |        |                |

|            |  |                    |                              |
|------------|--|--------------------|------------------------------|
| ORC-3.4    | Universal ID Type                                  |                    |                              |
| ORC-10     | Entered By   |                    |                              |
| ORC-10.1   | ID Number  |                    |                              |
| ORC-10.2   | Family Name  |                    |                              |
| ORC-10.2.1 | Surname  | Mason              | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica            | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-10.9   | Assigning Authority                                |                    |                              |
| ORC-10.10  | Name Type Code                                     |                    |                              |
| ORC-10.13  | Identifier Type Code                               |                    |                              |
| ORC-12     | Ordering Provider                                  |                    |                              |
| ORC-12.1   | ID Number  |                    |                              |
| ORC-12.2   | Family Name  |                    |                              |
| ORC-12.2.1 | Surname  | Price              |                              |
| ORC-12.3   | Given Name   | Shannon            |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |                    |                              |
| ORC-12.9   | Assigning Authority                                |                    |                              |
| ORC-12.10  | Name Type Code                                     | L                  |                              |
| ORC-12.13  | Identifier Type Code                               |                    |                              |
| ORC-17     | Entering Organization                              |                    |                              |
| ORC-17.1   | Identifier   | MPC                | Presence-Content Indifferent |
| ORC-17.2   | Text   | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3   | Name of Coding System                              | HL70362            | Presence-Content Indifferent |

#### ORC - 7

| Location   | Data Element                                       | Data    | Categorization               |
|------------|--|---------|------------------------------|
| ORC-1      | Order Control                                      | RE      |                              |
| ORC-2      | Placer Order Number                                |         |                              |
| ORC-2.1    | Entity Identifier                                  |         |                              |
| ORC-2.2    | Namespace ID                                       |         |                              |
| ORC-2.3    | Universal ID                                       |         |                              |
| ORC-2.4    | Universal ID Type                                  |         |                              |
| ORC-3      | Filler Order Number                                |         |                              |
| ORC-3.1    | Entity Identifier                                  | 9999    |                              |
| ORC-3.2    | Namespace ID                                       | OP      |                              |
| ORC-3.3    | Universal ID                                       |         |                              |
| ORC-3.4    | Universal ID Type                                  |         |                              |
| ORC-10     | Entered By   |         |                              |
| ORC-10.1   | ID Number  |         |                              |
| ORC-10.2   | Family Name  |         |                              |
| ORC-10.2.1 | Surname  | Mason   | Presence-Content Indifferent |
| ORC-10.3   | Given Name   | Jessica | Presence-Content Indifferent |
| ORC-10.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-10.9   | Assigning Authority                                |         |                              |
| ORC-10.10  | Name Type Code                                     |         |                              |
| ORC-10.13  | Identifier Type Code                               |         |                              |
| ORC-12     | Ordering Provider                                  |         |                              |
| ORC-12.1   | ID Number  |         |                              |
| ORC-12.2   | Family Name  |         |                              |
| ORC-12.2.1 | Surname  | Price   |                              |
| ORC-12.3   | Given Name   | Shannon |                              |
| ORC-12.4   | Second and Further Given Names or Initials Thereof |         |                              |
| ORC-12.9   | Assigning Authority                                |         |                              |

|           |                       |                    |                              |
|-----------|-----------------------|--------------------|------------------------------|
| ORC-12.10 | Name Type Code        | L                  |                              |
| ORC-12.13 | Identifier Type Code  |                    |                              |
| ORC-17    | Entering Organization |                    |                              |
| ORC-17.1  | Identifier            | MPC                | Presence-Content Indifferent |
| ORC-17.2  | Text                  | Metro Primary Care | Presence-Content Indifferent |
| ORC-17.3  | Name of Coding System | HL70362            | Presence-Content Indifferent |

**RXA - 1**

| Location   | Data Element                                       | Data   | Categorization               |
|------------|--|--|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0  |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1  |                              |
| RXA-3      | Date/Time Start of Administration                  |  |                              |
| RXA-3.1    | Time   | 20170601   | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |  |                              |
| RXA-5.1    | Identifier   | 94   | Value-Test Case Fixed        |
| RXA-5.2    | Text   | measles, mumps, rubella, and varicella virus vaccine | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX  | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5  |                              |
| RXA-7      | Administered Units                                 |  |                              |
| RXA-7.1    | Identifier   | mL   |                              |
| RXA-7.2    | Text   |  |                              |
| RXA-7.3    | Name of Coding System                              | UCUM   |                              |
| RXA-9      | Administration Notes                               |  |                              |
| RXA-9.1    | Identifier   | 01   | Value-Test Case Fixed        |
| RXA-9.2    | Text   |  |                              |
| RXA-9.3    | Name of Coding System                              | NIP001   | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |  |                              |
| RXA-10.1   | ID Number  |  |                              |
| RXA-10.2   | Family Name  |  |                              |
| RXA-10.2.1 | Surname  | Mason  | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica  |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |  |                              |
| RXA-10.9   | Assigning Authority                                |  |                              |
| RXA-10.10  | Name Type Code                                     |  |                              |
| RXA-10.13  | Identifier Type Code                               |  |                              |
| RXA-11     | Administered-at Location                           |  |                              |
| RXA-11.4   | Facility   |  |                              |
| RXA-15     | Substance Lot Number                               | 6552FK16   |                              |
| RXA-16     | Substance Expiration Date                          |  |                              |
| RXA-16.1   | Time   | 20171231   |                              |
| RXA-17     | Substance Manufacturer Name                        |  |                              |
| RXA-17.1   | Identifier   | MSD  |                              |
| RXA-17.2   | Text   | Merck and Co Inc                                     |                              |
| RXA-17.3   | Name of Coding System                              | MVX  |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |  |                              |
| RXA-18.1   | Identifier   |  |                              |
| RXA-18.2   | Text   |  |                              |
| RXA-18.3   | Name of Coding System                              |  |                              |
| RXA-20     | Completion Status                                  | CP   | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A  |                              |

**RXA - 2**

| Location   | Data Element                                       | Data   | Categorization               |
|------------|--|--|------------------------------|
| RXA-1      | Give Sub-ID Counter                                | 0  |                              |
| RXA-2      | Administration Sub-ID Counter                      | 1  |                              |
| RXA-3      | Date/Time Start of Administration                  |  |                              |
| RXA-3.1    | Time   | 20170601   | Value-Test Case Fixed        |
| RXA-5      | Administered Code                                  |  |                              |
| RXA-5.1    | Identifier   | 115  | Value-Test Case Fixed        |
| RXA-5.2    | Text   | tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX  | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5  |                              |
| RXA-7      | Administered Units                                 |  |                              |
| RXA-7.1    | Identifier   | mL   |                              |
| RXA-7.2    | Text   |  |                              |
| RXA-7.3    | Name of Coding System                              | UCUM   |                              |
| RXA-9      | Administration Notes                               |  |                              |
| RXA-9.1    | Identifier   | 01   | Value-Test Case Fixed        |
| RXA-9.2    | Text   |  |                              |
| RXA-9.3    | Name of Coding System                              | NIP001   | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |  |                              |
| RXA-10.1   | ID Number  |  |                              |
| RXA-10.2   | Family Name  |  |                              |
| RXA-10.2.1 | Surname  | Mason  | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica  |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |  |                              |
| RXA-10.9   | Assigning Authority                                |  |                              |
| RXA-10.10  | Name Type Code                                     |  |                              |
| RXA-10.13  | Identifier Type Code                               |  |                              |
| RXA-11     | Administered-at Location                           |  |                              |
| RXA-11.4   | Facility   |  |                              |
| RXA-15     | Substance Lot Number                               | 6932FK14   |                              |
| RXA-16     | Substance Expiration Date                          |  |                              |
| RXA-16.1   | Time   | 20171231   |                              |
| RXA-17     | Substance Manufacturer Name                        |  |                              |
| RXA-17.1   | Identifier   | PMC  |                              |
| RXA-17.2   | Text   | Sanofi Pasteur   |                              |
| RXA-17.3   | Name of Coding System                              | MVX  |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |  |                              |
| RXA-18.1   | Identifier   |  |                              |
| RXA-18.2   | Text   |  |                              |
| RXA-18.3   | Name of Coding System                              |  |                              |
| RXA-20     | Completion Status                                  | CP   | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A  |                              |

**RXA - 3**

| Location | Data Element                  | Data | Categorization |
|----------|-------------------------------|------|----------------|
| RXA-1    | Give Sub-ID Counter           | 0    |                |
| RXA-2    | Administration Sub-ID Counter | 1    |                |

|            |  |   |                              |
|------------|--|---|------------------------------|
| RXA-3      | Date/Time Start of Administration                  |   |                              |
| RXA-3.1    | Time   | 20200901  | Presence-Content Indifferent |
| RXA-5      | Administered Code                                  |   |                              |
| RXA-5.1    | Identifier   | 185   | Value-Test Case Fixed        |
| RXA-5.2    | Text   | influenza, recombinant, quadrivalent, injectable, preservative free | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX   | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5   | Value-Test Case Fixed        |
| RXA-7      | Administered Units                                 |   |                              |
| RXA-7.1    | Identifier   | mL  | Value-Test Case Fixed        |
| RXA-7.2    | Text   |   |                              |
| RXA-7.3    | Name of Coding System                              | UCUM  | Value-Test Case Fixed        |
| RXA-9      | Administration Notes                               |   |                              |
| RXA-9.1    | Identifier   | 01  | Value-Test Case Fixed        |
| RXA-9.2    | Text   |   |                              |
| RXA-9.3    | Name of Coding System                              | NIP001  | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |   |                              |
| RXA-10.1   | ID Number  |   |                              |
| RXA-10.2   | Family Name  |   |                              |
| RXA-10.2.1 | Surname  | Mason   | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica   | Presence-Content Indifferent |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |   |                              |
| RXA-10.9   | Assigning Authority                                |   |                              |
| RXA-10.10  | Name Type Code                                     |   |                              |
| RXA-10.13  | Identifier Type Code                               |   |                              |
| RXA-11     | Administered-at Location                           |   |                              |
| RXA-11.4   | Facility   |   |                              |
| RXA-15     | Substance Lot Number                               | 6475FK21  | Value-Test Case Fixed        |
| RXA-16     | Substance Expiration Date                          |   |                              |
| RXA-16.1   | Time   | 20201231  | Value-Test Case Fixed        |
| RXA-17     | Substance Manufacturer Name                        |   |                              |
| RXA-17.1   | Identifier   | PMC   | Value-Test Case Fixed        |
| RXA-17.2   | Text   | Sanofi Pasteur  | Presence-Content Indifferent |
| RXA-17.3   | Name of Coding System                              | MXV   | Value-Test Case Fixed        |
| RXA-18     | Substance/Treatment Refusal Reason                 |   |                              |
| RXA-18.1   | Identifier   |   |                              |
| RXA-18.2   | Text   |   |                              |
| RXA-18.3   | Name of Coding System                              |   |                              |
| RXA-20     | Completion Status                                  | CP  | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A   |                              |

#### RXA - 4

| Location | Data Element                      | Data     | Categorization        |
|----------|-----------------------------------|----------|-----------------------|
| RXA-1    | Give Sub-ID Counter               | 0        |                       |
| RXA-2    | Administration Sub-ID Counter     | 1        |                       |
| RXA-3    | Date/Time Start of Administration |          |                       |
| RXA-3.1  | Time                              | 20210901 | Value-Test Case Fixed |
| RXA-5    | Administered Code                 |          |                       |
| RXA-5.1  | Identifier                        | 185      | Value-Test Case Fixed |

|            |  |   |                              |
|------------|--|---|------------------------------|
| RXA-5.2    | Text   | influenza, recombinant, quadrivalent, injectable, preservative free | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System                              | CVX   | Value-Test Case Fixed        |
| RXA-6      | Administered Amount                                | 0.5   |                              |
| RXA-7      | Administered Units                                 |   |                              |
| RXA-7.1    | Identifier   | mL  |                              |
| RXA-7.2    | Text   |   |                              |
| RXA-7.3    | Name of Coding System                              | UCUM  |                              |
| RXA-9      | Administration Notes                               |   |                              |
| RXA-9.1    | Identifier   | 02  | Value-Test Case Fixed        |
| RXA-9.2    | Text   | Historical information - from other provider                        |                              |
| RXA-9.3    | Name of Coding System                              | NIP001  | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |   |                              |
| RXA-10.1   | ID Number  |   |                              |
| RXA-10.2   | Family Name  |   |                              |
| RXA-10.2.1 | Surname  | Muir  | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Sophia  |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |   |                              |
| RXA-10.9   | Assigning Authority                                |   |                              |
| RXA-10.10  | Name Type Code                                     |   |                              |
| RXA-10.13  | Identifier Type Code                               |   |                              |
| RXA-11     | Administered-at Location                           |   |                              |
| RXA-11.4   | Facility   |   |                              |
| RXA-15     | Substance Lot Number                               | 8L4B3423  |                              |
| RXA-16     | Substance Expiration Date                          |   |                              |
| RXA-16.1   | Time   | 20211231  |                              |
| RXA-17     | Substance Manufacturer Name                        |   |                              |
| RXA-17.1   | Identifier   | PMC   |                              |
| RXA-17.2   | Text   | Sanofi Pasteur  |                              |
| RXA-17.3   | Name of Coding System                              | MVX   |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |   |                              |
| RXA-18.1   | Identifier   |   |                              |
| RXA-18.2   | Text   |   |                              |
| RXA-18.3   | Name of Coding System                              |   |                              |
| RXA-20     | Completion Status                                  | CP  | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A   |                              |

#### RXA - 5

| Location | Data Element                      | Data                             | Categorization               |
|----------|-----------------------------------|----------------------------------|------------------------------|
| RXA-1    | Give Sub-ID Counter               | 0                                |                              |
| RXA-2    | Administration Sub-ID Counter     | 1                                |                              |
| RXA-3    | Date/Time Start of Administration |                                  |                              |
| RXA-3.1  | Time                              | 20211031                         | Value-Test Case Fixed        |
| RXA-5    | Administered Code                 |                                  |                              |
| RXA-5.1  | Identifier                        | 208                              | Value-Test Case Fixed        |
| RXA-5.2  | Text                              | Pfizer-BioNTech COVID-19 Vaccine | Presence-Content Indifferent |
| RXA-5.3  | Name of Coding System             | CVX                              | Value-Test Case Fixed        |
| RXA-6    | Administered Amount               | 0.5                              |                              |
| RXA-7    | Administered Units                |                                  |                              |

|            |  |                                 |                              |
|------------|--|---------------------------------|------------------------------|
| RXA-7.1    | Identifier   | mL                              |                              |
| RXA-7.2    | Text   |                                 |                              |
| RXA-7.3    | Name of Coding System                              | UCUM                            |                              |
| RXA-9      | Administration Notes                               |                                 |                              |
| RXA-9.1    | Identifier   | 00                              | Value-Test Case Fixed        |
| RXA-9.2    | Text   |                                 |                              |
| RXA-9.3    | Name of Coding System                              | NIP001                          | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |                                 |                              |
| RXA-10.1   | ID Number  |                                 |                              |
| RXA-10.2   | Family Name  |                                 |                              |
| RXA-10.2.1 | Surname  | Mason                           | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica                         |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                                 |                              |
| RXA-10.9   | Assigning Authority                                |                                 |                              |
| RXA-10.10  | Name Type Code                                     |                                 |                              |
| RXA-10.13  | Identifier Type Code                               |                                 |                              |
| RXA-11     | Administered-at Location                           |                                 |                              |
| RXA-11.4   | Facility   |                                 |                              |
| RXA-15     | Substance Lot Number                               | 8L7B3418                        |                              |
| RXA-16     | Substance Expiration Date                          |                                 |                              |
| RXA-16.1   | Time   | 20221231                        |                              |
| RXA-17     | Substance Manufacturer Name                        |                                 |                              |
| RXA-17.1   | Identifier   | PFR                             |                              |
| RXA-17.2   | Text   | Pfizer Manufacturing Belgium NV |                              |
| RXA-17.3   | Name of Coding System                              | MVX                             |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |                                 |                              |
| RXA-18.1   | Identifier   |                                 |                              |
| RXA-18.2   | Text   |                                 |                              |
| RXA-18.3   | Name of Coding System                              |                                 |                              |
| RXA-20     | Completion Status                                  | CP                              | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A                               |                              |

#### RXA - 6

| Location | Data Element                      | Data                              | Categorization               |
|----------|-----------------------------------|-----------------------------------|------------------------------|
| RXA-1    | Give Sub-ID Counter               | 0                                 |                              |
| RXA-2    | Administration Sub-ID Counter     | 1                                 |                              |
| RXA-3    | Date/Time Start of Administration |                                   |                              |
| RXA-3.1  | Time                              | 20211031                          | Value-Test Case Fixed        |
| RXA-5    | Administered Code                 |                                   |                              |
| RXA-5.1  | Identifier                        | 43                                | Value-Test Case Fixed        |
| RXA-5.2  | Text                              | hepatitis B vaccine, adult dosage | Presence-Content Indifferent |
| RXA-5.3  | Name of Coding System             | CVX                               | Value-Test Case Fixed        |
| RXA-6    | Administered Amount               | 1                                 |                              |
| RXA-7    | Administered Units                |                                   |                              |
| RXA-7.1  | Identifier                        | mL                                |                              |
| RXA-7.2  | Text                              |                                   |                              |
| RXA-7.3  | Name of Coding System             | UCUM                              |                              |
| RXA-9    | Administration Notes              |                                   |                              |
| RXA-9.1  | Identifier                        | 00                                | Value-Test Case Fixed        |
| RXA-9.2  | Text                              |                                   |                              |

|            |  |                                |                              |
|------------|--|--------------------------------|------------------------------|
| RXA-9.3    | Name of Coding System                              | NIP001                         | Value-Test Case Fixed        |
| RXA-10     | Administering Provider                             |                                |                              |
| RXA-10.1   | ID Number  |                                |                              |
| RXA-10.2   | Family Name  |                                |                              |
| RXA-10.2.1 | Surname  | Mason                          | Presence-Content Indifferent |
| RXA-10.3   | Given Name   | Jessica                        |                              |
| RXA-10.4   | Second and Further Given Names or Initials Thereof |                                |                              |
| RXA-10.9   | Assigning Authority                                |                                |                              |
| RXA-10.10  | Name Type Code                                     |                                |                              |
| RXA-10.13  | Identifier Type Code                               |                                |                              |
| RXA-11     | Administered-at Location                           |                                |                              |
| RXA-11.4   | Facility   |                                |                              |
| RXA-15     | Substance Lot Number                               | 6942FL12                       |                              |
| RXA-16     | Substance Expiration Date                          |                                |                              |
| RXA-16.1   | Time   | 20221231                       |                              |
| RXA-17     | Substance Manufacturer Name                        |                                |                              |
| RXA-17.1   | Identifier   | SKB                            |                              |
| RXA-17.2   | Text   | GlaxoSmithKline Biologicals SA |                              |
| RXA-17.3   | Name of Coding System                              | MVX                            |                              |
| RXA-18     | Substance/Treatment Refusal Reason                 |                                |                              |
| RXA-18.1   | Identifier   |                                |                              |
| RXA-18.2   | Text   |                                |                              |
| RXA-18.3   | Name of Coding System                              |                                |                              |
| RXA-20     | Completion Status                                  | CP                             | Value-Test Case Fixed        |
| RXA-21     | Action Code - RXA                                  | A                              |                              |

#### RXA - 7

| Location   | Data Element                      | Data                    | Categorization               |
|------------|-----------------------------------|-------------------------|------------------------------|
| RXA-1      | Give Sub-ID Counter               | 0                       |                              |
| RXA-2      | Administration Sub-ID Counter     | 1                       |                              |
| RXA-3      | Date/Time Start of Administration |                         |                              |
| RXA-3.1    | Time                              | 20170515                | Value-Test Case Fixed        |
| RXA-5      | Administered Code                 |                         |                              |
| RXA-5.1    | Identifier                        | 998                     | Value-Test Case Fixed        |
| RXA-5.2    | Text                              | No vaccine administered | Presence-Content Indifferent |
| RXA-5.3    | Name of Coding System             | CVX                     | Value-Test Case Fixed        |
| RXA-6      | Administered Amount               | 999                     |                              |
| RXA-7      | Administered Units                |                         |                              |
| RXA-7.1    | Identifier                        |                         |                              |
| RXA-7.2    | Text                              |                         |                              |
| RXA-7.3    | Name of Coding System             |                         |                              |
| RXA-9      | Administration Notes              |                         |                              |
| RXA-9.1    | Identifier                        |                         |                              |
| RXA-9.2    | Text                              |                         |                              |
| RXA-9.3    | Name of Coding System             |                         |                              |
| RXA-10     | Administering Provider            |                         |                              |
| RXA-10.1   | ID Number                         |                         |                              |
| RXA-10.2   | Family Name                       |                         |                              |
| RXA-10.2.1 | Surname                           |                         |                              |
| RXA-10.3   | Given Name                        |                         |                              |



|           |  |    |                       |
|-----------|--|----|-----------------------|
| RXA-10.4  | Second and Further Given Names or Initials Thereof |    |                       |
| RXA-10.9  | Assigning Authority                                |    |                       |
| RXA-10.10 | Name Type Code                                     |    |                       |
| RXA-10.13 | Identifier Type Code                               |    |                       |
| RXA-11    | Administered-at Location                           |    |                       |
| RXA-11.4  | Facility   |    |                       |
| RXA-15    | Substance Lot Number                               |    |                       |
| RXA-16    | Substance Expiration Date                          |    |                       |
| RXA-16.1  | Time   |    |                       |
| RXA-17    | Substance Manufacturer Name                        |    |                       |
| RXA-17.1  | Identifier   |    |                       |
| RXA-17.2  | Text   |    |                       |
| RXA-17.3  | Name of Coding System                              |    |                       |
| RXA-18    | Substance/Treatment Refusal Reason                 |    |                       |
| RXA-18.1  | Identifier   |    |                       |
| RXA-18.2  | Text   |    |                       |
| RXA-18.3  | Name of Coding System                              |    |                       |
| RXA-20    | Completion Status                                  | NA | Value-Test Case Fixed |
| RXA-21    | Action Code - RXA                                  | A  |                       |

#### RXR - 1

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |
| RXR-2.2  | Text                  | Left Deltoid  |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

#### RXR - 2

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |
| RXR-2.2  | Text                  | Left Deltoid  |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

#### RXR - 3

| Location | Data Element          | Data          | Categorization               |
|----------|-----------------------|---------------|------------------------------|
| RXR-1    | Route                 |               |                              |
| RXR-1.1  | Identifier            | C28161        | Value-Test Case Fixed        |
| RXR-1.2  | Text                  | Intramuscular | Presence-Content Indifferent |
| RXR-1.3  | Name of Coding System | NCIT          | Value-Test Case Fixed        |
| RXR-2    | Administration Site   |               |                              |
| RXR-2.1  | Identifier            | LD            | Value-Test Case Fixed        |
| RXR-2.2  | Text                  | Left Deltoid  | Presence-Content Indifferent |

|         |                       |         |                       |
|---------|-----------------------|---------|-----------------------|
| RXR-2.3 | Name of Coding System | HL70163 | Value-Test Case Fixed |
|---------|-----------------------|---------|-----------------------|

**RXR - 4**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | RD            |                |
| RXR-2.2  | Text                  | Right Deltoid |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

**RXR - 5**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | RD            |                |
| RXR-2.2  | Text                  | Right Deltoid |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

**RXR - 6**

| Location | Data Element          | Data          | Categorization |
|----------|-----------------------|---------------|----------------|
| RXR-1    | Route                 |               |                |
| RXR-1.1  | Identifier            | C28161        |                |
| RXR-1.2  | Text                  | Intramuscular |                |
| RXR-1.3  | Name of Coding System | NCIT          |                |
| RXR-2    | Administration Site   |               |                |
| RXR-2.1  | Identifier            | LD            |                |
| RXR-2.2  | Text                  | Left Deltoid  |                |
| RXR-2.3  | Name of Coding System | HL70163       |                |

**OBX - 1**

| Location | Data Element           | Data  | Categorization |
|----------|------------------------|---|----------------|
| OBX-1    | Set ID - OBX           | 1   |                |
| OBX-2    | Value Type             | CE  |                |
| OBX-3    | Observation Identifier |   |                |
| OBX-3.1  | Identifier             | 69764-9   |                |
| OBX-3.2  | Text                   | Document Type   |                |
| OBX-3.3  | Name of Coding System  | LN  |                |
| OBX-4    | Observation Sub-ID     | 1   |                |
| OBX-5    | Observation Value      |   |                |
| OBX-5.1  | Identifier             | 253088698300033211210501  |                |
| OBX-5.2  | Text                   | COVID-19 Pfizer BioNTech<br>EUA Recipient-Caregiver<br>Fact Sheet-12 years and<br>older |                |
| OBX-5.3  | Name of Coding System  | cdcgs1vis   |                |
| OBX-6    | Units                  |   |                |
| OBX-6.1  | Identifier             |   |                |
| OBX-6.2  | Text                   |   |                |

|          |                              |          |  |
|----------|------------------------------|----------|--|
| OBX-6.3  | Name of Coding System        |          |  |
| OBX-11   | Observation Result Status    | F        |  |
| OBX-14   | Date/Time of the Observation |          |  |
| OBX-14.1 | Time                         | 20211031 |  |
| OBX-17   | Observation Method           |          |  |
| OBX-17.1 | Identifier                   |          |  |
| OBX-17.2 | Text                         |          |  |
| OBX-17.3 | Name of Coding System        |          |  |

**OBX - 2**

| Location | Data Element                 | Data                  | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1    | Set ID - OBX                 | 2                     |                |
| OBX-2    | Value Type                   | TS                    |                |
| OBX-3    | Observation Identifier       |                       |                |
| OBX-3.1  | Identifier                   | 29769-7               |                |
| OBX-3.2  | Text                         | VIS Presentation Date |                |
| OBX-3.3  | Name of Coding System        | LN                    |                |
| OBX-4    | Observation Sub-ID           | 1                     |                |
| OBX-5    | Observation Value            |                       |                |
| OBX-5.1  | Time                         | 20211031              |                |
| OBX-6    | Units                        |                       |                |
| OBX-6.1  | Identifier                   |                       |                |
| OBX-6.2  | Text                         |                       |                |
| OBX-6.3  | Name of Coding System        |                       |                |
| OBX-11   | Observation Result Status    | F                     |                |
| OBX-14   | Date/Time of the Observation |                       |                |
| OBX-14.1 | Time                         | 20211031              |                |
| OBX-17   | Observation Method           |                       |                |
| OBX-17.1 | Identifier                   |                       |                |
| OBX-17.2 | Text                         |                       |                |
| OBX-17.3 | Name of Coding System        |                       |                |

**OBX - 3**

| Location | Data Element                 | Data                      | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 3                         |                |
| OBX-2    | Value Type                   | CE                        |                |
| OBX-3    | Observation Identifier       |                           |                |
| OBX-3.1  | Identifier                   | 64994-7                   |                |
| OBX-3.2  | Text                         | vaccine fund pgm elig cat |                |
| OBX-3.3  | Name of Coding System        | LN                        |                |
| OBX-4    | Observation Sub-ID           | 2                         |                |
| OBX-5    | Observation Value            |                           |                |
| OBX-5.1  | Identifier                   | V01                       |                |
| OBX-5.2  | Text                         | Not VFC elig              |                |
| OBX-5.3  | Name of Coding System        | HL70064                   |                |
| OBX-6    | Units                        |                           |                |
| OBX-6.1  | Identifier                   |                           |                |
| OBX-6.2  | Text                         |                           |                |
| OBX-6.3  | Name of Coding System        |                           |                |
| OBX-11   | Observation Result Status    | F                         |                |
| OBX-14   | Date/Time of the Observation |                           |                |
| OBX-14.1 | Time                         | 20211031                  |                |
| OBX-17   | Observation Method           |                           |                |

|          |                       |  |  |
|----------|-----------------------|--|--|
| OBX-17.1 | Identifier            |  |  |
| OBX-17.2 | Text                  |  |  |
| OBX-17.3 | Name of Coding System |  |  |

**OBX - 4**

| Location | Data Element                 | Data                   | Categorization |
|----------|------------------------------|------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 4                      |                |
| OBX-2    | Value Type                   | CE                     |                |
| OBX-3    | Observation Identifier       |                        |                |
| OBX-3.1  | Identifier                   | 30963-3                |                |
| OBX-3.2  | Text                         | Vaccine funding source |                |
| OBX-3.3  | Name of Coding System        | LN                     |                |
| OBX-4    | Observation Sub-ID           | 2                      |                |
| OBX-5    | Observation Value            |                        |                |
| OBX-5.1  | Identifier                   | VXC50                  |                |
| OBX-5.2  | Text                         | Public funds           |                |
| OBX-5.3  | Name of Coding System        | CDCPHINVS              |                |
| OBX-6    | Units                        |                        |                |
| OBX-6.1  | Identifier                   |                        |                |
| OBX-6.2  | Text                         |                        |                |
| OBX-6.3  | Name of Coding System        |                        |                |
| OBX-11   | Observation Result Status    | F                      |                |
| OBX-14   | Date/Time of the Observation |                        |                |
| OBX-14.1 | Time                         | 20211031               |                |
| OBX-17   | Observation Method           |                        |                |
| OBX-17.1 | Identifier                   |                        |                |
| OBX-17.2 | Text                         |                        |                |
| OBX-17.3 | Name of Coding System        |                        |                |

**OBX - 5**

| Location | Data Element                 | Data                     | Categorization |
|----------|------------------------------|--------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 1                        |                |
| OBX-2    | Value Type                   | CE                       |                |
| OBX-3    | Observation Identifier       |                          |                |
| OBX-3.1  | Identifier                   | 69764-9                  |                |
| OBX-3.2  | Text                         | Document Type            |                |
| OBX-3.3  | Name of Coding System        | LN                       |                |
| OBX-4    | Observation Sub-ID           | 1                        |                |
| OBX-5    | Observation Value            |                          |                |
| OBX-5.1  | Identifier                   | 253088698300005911211015 |                |
| OBX-5.2  | Text                         | Hepatitis B Vaccine VIS  |                |
| OBX-5.3  | Name of Coding System        | cdcgslvis                |                |
| OBX-6    | Units                        |                          |                |
| OBX-6.1  | Identifier                   |                          |                |
| OBX-6.2  | Text                         |                          |                |
| OBX-6.3  | Name of Coding System        |                          |                |
| OBX-11   | Observation Result Status    | F                        |                |
| OBX-14   | Date/Time of the Observation |                          |                |
| OBX-14.1 | Time                         | 20211031                 |                |
| OBX-17   | Observation Method           |                          |                |
| OBX-17.1 | Identifier                   |                          |                |
| OBX-17.2 | Text                         |                          |                |
| OBX-17.3 | Name of Coding System        |                          |                |

**OBX - 6**

| Location | Data Element                 | Data                  | Categorization |
|----------|------------------------------|-----------------------|----------------|
| OBX-1    | Set ID - OBX                 | 2                     |                |
| OBX-2    | Value Type                   | TS                    |                |
| OBX-3    | Observation Identifier       |                       |                |
| OBX-3.1  | Identifier                   | 29769-7               |                |
| OBX-3.2  | Text                         | VIS Presentation Date |                |
| OBX-3.3  | Name of Coding System        | LN                    |                |
| OBX-4    | Observation Sub-ID           | 1                     |                |
| OBX-5    | Observation Value            |                       |                |
| OBX-5.1  | Time                         | 20211031              |                |
| OBX-6    | Units                        |                       |                |
| OBX-6.1  | Identifier                   |                       |                |
| OBX-6.2  | Text                         |                       |                |
| OBX-6.3  | Name of Coding System        |                       |                |
| OBX-11   | Observation Result Status    | F                     |                |
| OBX-14   | Date/Time of the Observation |                       |                |
| OBX-14.1 | Time                         | 20211031              |                |
| OBX-17   | Observation Method           |                       |                |
| OBX-17.1 | Identifier                   |                       |                |
| OBX-17.2 | Text                         |                       |                |
| OBX-17.3 | Name of Coding System        |                       |                |

**OBX - 7**

| Location | Data Element                 | Data                      | Categorization |
|----------|------------------------------|---------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 3                         |                |
| OBX-2    | Value Type                   | CE                        |                |
| OBX-3    | Observation Identifier       |                           |                |
| OBX-3.1  | Identifier                   | 64994-7                   |                |
| OBX-3.2  | Text                         | vaccine fund pgm elig cat |                |
| OBX-3.3  | Name of Coding System        | LN                        |                |
| OBX-4    | Observation Sub-ID           | 2                         |                |
| OBX-5    | Observation Value            |                           |                |
| OBX-5.1  | Identifier                   | V01                       |                |
| OBX-5.2  | Text                         | Not VFC elig              |                |
| OBX-5.3  | Name of Coding System        | HL70064                   |                |
| OBX-6    | Units                        |                           |                |
| OBX-6.1  | Identifier                   |                           |                |
| OBX-6.2  | Text                         |                           |                |
| OBX-6.3  | Name of Coding System        |                           |                |
| OBX-11   | Observation Result Status    | F                         |                |
| OBX-14   | Date/Time of the Observation |                           |                |
| OBX-14.1 | Time                         | 20211031                  |                |
| OBX-17   | Observation Method           |                           |                |
| OBX-17.1 | Identifier                   |                           |                |
| OBX-17.2 | Text                         |                           |                |
| OBX-17.3 | Name of Coding System        |                           |                |

**OBX - 8**

| Location | Data Element           | Data | Categorization |
|----------|------------------------|------|----------------|
| OBX-1    | Set ID - OBX           | 4    |                |
| OBX-2    | Value Type             | CE   |                |
| OBX-3    | Observation Identifier |      |                |

|          |                              |                        |  |
|----------|------------------------------|------------------------|--|
| OBX-3.1  | Identifier                   | 30963-3                |  |
| OBX-3.2  | Text                         | Vaccine funding source |  |
| OBX-3.3  | Name of Coding System        | LN                     |  |
| OBX-4    | Observation Sub-ID           | 2                      |  |
| OBX-5    | Observation Value            |                        |  |
| OBX-5.1  | Identifier                   | PHC70                  |  |
| OBX-5.2  | Text                         | Private funds          |  |
| OBX-5.3  | Name of Coding System        | CDCPHINVS              |  |
| OBX-6    | Units                        |                        |  |
| OBX-6.1  | Identifier                   |                        |  |
| OBX-6.2  | Text                         |                        |  |
| OBX-6.3  | Name of Coding System        |                        |  |
| OBX-11   | Observation Result Status    | F                      |  |
| OBX-14   | Date/Time of the Observation |                        |  |
| OBX-14.1 | Time                         | 20211031               |  |
| OBX-17   | Observation Method           |                        |  |
| OBX-17.1 | Identifier                   |                        |  |
| OBX-17.2 | Text                         |                        |  |
| OBX-17.3 | Name of Coding System        |                        |  |

#### OBX - 9

| Location | Data Element                 | Data                              | Categorization |
|----------|------------------------------|-----------------------------------|----------------|
| OBX-1    | Set ID - OBX                 | 1                                 |                |
| OBX-2    | Value Type                   | CE                                |                |
| OBX-3    | Observation Identifier       |                                   |                |
| OBX-3.1  | Identifier                   | 30956-7                           |                |
| OBX-3.2  | Text                         | vaccine type                      |                |
| OBX-3.3  | Name of Coding System        | LN                                |                |
| OBX-4    | Observation Sub-ID           | 1                                 |                |
| OBX-5    | Observation Value            |                                   |                |
| OBX-5.1  | Identifier                   | 52                                |                |
| OBX-5.2  | Text                         | hepatitis A vaccine, adult dosage |                |
| OBX-5.3  | Name of Coding System        | CVX                               |                |
| OBX-6    | Units                        |                                   |                |
| OBX-6.1  | Identifier                   |                                   |                |
| OBX-6.2  | Text                         |                                   |                |
| OBX-6.3  | Name of Coding System        |                                   |                |
| OBX-11   | Observation Result Status    | F                                 |                |
| OBX-14   | Date/Time of the Observation |                                   |                |
| OBX-14.1 | Time                         | 20170515                          |                |
| OBX-17   | Observation Method           |                                   |                |
| OBX-17.1 | Identifier                   |                                   |                |
| OBX-17.2 | Text                         |                                   |                |
| OBX-17.3 | Name of Coding System        |                                   |                |

#### OBX - 10

| Location | Data Element           | Data   | Categorization |
|----------|------------------------|--|----------------|
| OBX-1    | Set ID - OBX           | 2  |                |
| OBX-2    | Value Type             | CE   |                |
| OBX-3    | Observation Identifier |  |                |
| OBX-3.1  | Identifier             | 75505-8  |                |
| OBX-3.2  | Text                   | Diseases with serological evidence of immunity |                |

|          |                              |                                |  |
|----------|------------------------------|--------------------------------|--|
| OBX-3.3  | Name of Coding System        | LN                             |  |
| OBX-4    | Observation Sub-ID           | 1                              |  |
| OBX-5    | Observation Value            |                                |  |
| OBX-5.1  | Identifier                   | 278971009                      |  |
| OBX-5.2  | Text                         | Serology confirmed hepatitis A |  |
| OBX-5.3  | Name of Coding System        | SCT                            |  |
| OBX-6    | Units                        |                                |  |
| OBX-6.1  | Identifier                   |                                |  |
| OBX-6.2  | Text                         |                                |  |
| OBX-6.3  | Name of Coding System        |                                |  |
| OBX-11   | Observation Result Status    | F                              |  |
| OBX-14   | Date/Time of the Observation |                                |  |
| OBX-14.1 | Time                         | 20170515                       |  |
| OBX-17   | Observation Method           |                                |  |
| OBX-17.1 | Identifier                   |                                |  |
| OBX-17.2 | Text                         |                                |  |
| OBX-17.3 | Name of Coding System        |                                |  |