

Description

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

Pre-condition

Daniela Jennifer Wyatt is the administering practitioner.

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

Post-Condition

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

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

Go to step 7.1.5 to transmit vaccines from this step.


Test Objectives

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

Evaluation Criteria

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

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

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