

**HIMSS Immunization  
Integration Program: CDC  
Test Plan (CNI) v7.6**

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v7.6**

**Version 0.0.1**

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# Table of Contents

<b>Table of Contents</b>	<b>2</b>
<b>HIMSS Immunization Integration Program CDC Test Plan v8.0.0</b>	<b>7</b>
Test Story	7
1. Initial Data Load	8
Test Story	8
1.1. Juana Mariana Vazquez Initial Data Load	9
Test Story	9
1.1.1. Enter Initial Demographic Data for New Patient Juana Mariana Vazquez	11
Test Story	11
1.1.2. Enter Initial Immunization Data for Juana Mariana Vazquez: Immunizations from practice	13
Test Story	13
1.1.3. Enter Initial Immunization Data for Juana Mariana Vazquez from Another Practice	16
Test Story	16
1.1.4. Enter Initial Immunization Data for Juana Mariana Vazquez Reported by Parent	19
Test Story	19
1.2. Juan Marcel Marina Initial Data Load	21
Test Story	21
1.2.1. Enter Initial Demographic Data for New Patient Juan Marcel Marina	22
Test Story	22
1.2.2. Enter Clinical History for Juan Marcel Marina	25
Test Story	25
1.3. Juana Mariela Gonzales Initial Data Load	27
Test Story	27
1.3.1. Enter Initial Demographic Data for Juana Mariela Gonzales	28
Test Story	28
1.4. Juana Maria Gonzales Initial Data Load	31
Test Story	31
1.4.1. Enter Initial Demographic Data for Juana Maria Gonzales	32
Test Story	32
1.5. Enter Inventory	35
Test Story	35
1.5.1. Enter Vaccine Inventory	36
Test Story	36
1.5.2. View Inventory	40
Test Story	40
2. Juana Mariana Vazquez Visit	43
Test Story	43
2.1. Query the Registry for Juana Mariana Vazquez	44
Test Story	44
2.1.1. Select Patient Juana Mariana Vazquez	47
Test Story	47
2.1.2. Query Registry for vaccination history and forecast for Juana Mariana Vazquez	49
Test Story	49
Message Contents	50
Test Data Specification	52
2.1.3. View and Compare response to request for vaccination history for Juana Mariana Vazquez	53
Test Story	53
Message Contents	56
Test Data Specification	183
Juror Document	183
DISPLAY VERIFICATION	183
2.1.4. Mark first MMR Dose as Invalid	213
Test Story	213

2.1.5. View the vaccination forecast for Juana Mariana Vazquez	215
Test Story	215
Message Contents	216
Test Data Specification	343
Juror Document	343
DISPLAY VERIFICATION	343
2.1.6. Reconcile and import vaccinations from Evaluated History and Forecast for Juana Mariana Vazquez	373
Test Story	373
2.1.7. View the updated vaccination forecast for Juana Mariana Vazquez	376
Test Story	376
2.2. Juana Mariana Vazquez, Enter Orders and Immunizations	378
Test Story	378
2.2.1. Order IPV and view prior reaction	380
Test Story	380
2.2.2. IPV Parental Refusal	382
Test Story	382
2.2.3. Enter Immunization Data for MMR Given 2 Weeks Prior	383
Test Story	383
2.2.4. Attempt to order Varicella Dose	385
Test Story	385
2.2.5. Order Influenza Vaccine	386
Test Story	386
2.2.6. Records Influenza Vaccine administration route with data validation checking	387
Test Story	387
2.2.7. Record Influenza Vaccine administration	388
Test Story	388
2.3. Juana Mariana Vazquez Transmit Immunization Report	390
Test Story	390
2.3.1. Transmit the immunization report to the Immunization Registry	392
Test Story	392
Message Contents	393
Test Data Specification	475
2.3.2. Receive ACK Z23 from Immunization Registry	494
Test Story	494
Message Contents	494
Test Data Specification	496
2.3.3. Record an adverse reaction	497
Test Story	497
2.3.4. Transmit the updated vaccination report with adverse reaction to the registry	499
Test Story	499
Message Contents	500
Test Data Specification	506
2.3.5. Receive ACK Z23 from Immunization Registry for Updated Transmission	509
Test Story	509
Message Contents	509
Test Data Specification	511
2.4. Juana Mariana Vazquez Display Immunization Report	512
Test Story	512
2.4.1. Produce an immunization report for Juana Mariana Vazquez including all history	513
Test Story	513
2.5. Juana Mariana Vazquez Provide Patient Access to Immunization Report	527
Test Story	527
2.5.1. Produce an immunization report for Juana Mariana Vazquez including all history	528
Test Story	528
3. Juan Marcel Marina Visit	543
Test Story	543
3.1. Query the Registry for Juan Marcel Marina	544
Test Story	544

3.1.1. Select Patient Juan Marcel Marina	546
Test Story	546
3.1.2. Query Registry for vaccination history and forecast for Juan Marcel Marina	548
Test Story	548
Message Contents	548
Test Data Specification	551
3.1.3. View and import response to request for vaccination history for Juan Marcel Marina	552
Test Story	552
Message Contents	554
Test Data Specification	650
Juror Document	650
DISPLAY VERIFICATION	651
3.1.4. View the vaccination forecast for Juan Marcel Marina	675
Test Story	675
3.2. Juan Marcel Marina, Enter Orders and Immunizations	677
Test Story	677
3.2.1. Orders administration of Hepatitis B vaccine	679
Test Story	679
3.2.2. Orders administration of DTaP vaccine and alerted that the dose is too early	680
Test Story	680
3.2.3. Attempt to record HepB Vaccine administration route with data validation checking	682
Test Story	682
3.2.4. Records Hepatitis B Vaccine lot number with expired lot alert	683
Test Story	683
3.2.5. Record Hepatitis B Vaccine administration	685
Test Story	685
3.2.6. Records Influenza Vaccine administration with VFC eligibility checking	687
Test Story	687
3.2.7. Record Influenza Vaccine administration for Juan Marcel Marina	689
Test Story	689
3.3. Juan Marcel Marina Transmit Immunization Report	691
Test Story	691
3.3.1. Transmit the Immunization Report for Juan Marcel Marina	692
Test Story	692
Message Contents	693
Test Data Specification	759
3.3.2. Receive ACK Z23 from Immunization Registry	774
Test Story	774
Message Contents	774
Test Data Specification	776
3.3.3. Transmit Delete for Vaccine Recorded in Error	777
Test Story	777
Message Contents	778
Test Data Specification	785
3.3.4. Receive ACK Z23 from Immunization Registry	787
Test Story	787
Message Contents	787
Test Data Specification	789
4. Juana Mariela Gonzales Visit	790
Test Story	790
4.1. Query the Registry for Juana Mariela Gonzales	791
Test Story	791
4.1.1. Select Patient Juana Mariela Gonzales	793
Test Story	793
4.1.2. Query Registry for vaccination history and forecast for Juana Mariela Gonzales	795
Test Story	795
Message Contents	795
Test Data Specification	798
4.1.3. View and import response to request for vaccination history for Juana Mariela Gonzales	

Test Story	799
Message Contents	800
Test Data Specification	843
Juror Document	843
DISPLAY VERIFICATION	843
4.1.4. View the vaccination forecast for Juana Mariela Gonzales	849
Test Story	849
4.2. Juana Mariela Gonzales, Enter Orders and Immunizations	851
Test Story	851
4.2.1. Enter Initial Clinical Information for Juana Mariela	852
Test Story	852
4.2.2. Enters a deferral for the vaccines due	853
Test Story	853
4.3. Juana Mariela Gonzales Transmit Immunization Report	855
Test Story	855
4.3.1. Transmit the Immunization Report for Juana Mariela Gonzales	856
Test Story	856
Message Contents	856
Test Data Specification	879
4.3.2. Receive ACK Z23 from Immunization Registry	887
Test Story	887
Message Contents	887
Test Data Specification	889
5. Juana Maria Gonzales Visit	890
Test Story	890
5.1. Query the Registry for Juana Maria Gonzales.	891
Test Story	891
5.1.1. Select Patient Juana Maria Gonzales	893
Test Story	893
5.1.2. Query Registry for vaccination history and forecast too many matches found response	
Test Story	895
Message Contents	895
Test Data Specification	898
5.1.3. Error Handling - Too many matches found	899
Test Story	899
Message Contents	899
Test Data Specification	902
5.1.4. Query Registry for vaccination history and forecast no persons found response	903
Test Story	903
Message Contents	904
Test Data Specification	906
5.1.5. Error Handling - No persons found	907
Test Story	907
Message Contents	907
Test Data Specification	910
5.1.6. Query Registry for vaccination history and forecast for Juana Maria Gonzales	911
Test Story	911
Message Contents	912
Test Data Specification	915
5.1.7. View and import response to request for vaccination history for Juana Maria Gonzales	
Test Story	916
Message Contents	917
Test Data Specification	960
Juror Document	960
DISPLAY VERIFICATION	960
5.1.8. View the vaccination forecast for Juana Maria Gonzales	966
Test Story	966
5.2. Juana Maria Gonzales, Enter Orders and Immunizations	968
Test Story	968
5.2.1. Record Combo Vaccine administration	969

Test Story	969
5.3. Juana Maria Gonzales Morales Transmit Immunization Report - Error Handling	971
Test Story	971
5.3.1. Transmit the Immunization Report for Juana Maria Gonzales Morales - Fatal Error Handling	972
Test Story	972
Message Contents	973
Test Data Specification	982
5.3.2. Receive ACK Z23 Fatal Error - CVX Code	985
Test Story	985
Message Contents	985
Test Data Specification	987
5.3.3. Transmit the Immunization Report for Juana Maria Gonzales - warning handling	988
Test Story	988
Message Contents	989
Test Data Specification	998
5.3.4. Receive ACK Z23 Warning - Invalid Value	1001
Test Story	1001
Message Contents	1001
Test Data Specification	1003
5.3.5. Transmit the Immunization Report for Juana Maria Gonzales - Multiple warning handling	1004
Test Story	1004
Message Contents	1005
Test Data Specification	1014
5.3.6. Receive ACK Z23 Multiple Warnings	1017
Test Story	1017
Message Contents	1017
Test Data Specification	1019
6. Cohort Report	1021
Test Story	1021
6.1. Due and Overdue Immunizations	1022
Test Story	1022
6.1.1. Produce Overdue Immunizations Cohort Report	1023
Test Story	1023
7. Review Inventory	1025
Test Story	1025
7.1. View Inventory	1026
Test Story	1026
7.1.1. View updated vaccine inventory	1027
Test Story	1027

# HIMSS Immunization Integration Program CDC Test Plan v8.0.0

This test plan is to be used for the testing of the CDC EHR Immunization Related Requirements developed under Contract-No: 200-2014-60994. All test cases are required to be executed. The test plan includes both functional and interoperability tests including Vaccine Update Notifications (HL7 V2.5.1 VXU/Z22) and Query and Response (Evaluated History and Forecast Group Z44/Z42). This version is updated for use in the 2019 test cycle. It is aligned with ONC 2015 Certification Criteria for § 170.315(f) (1) Transmission to Immunization Registries. This test plan is approved by ONC to demonstrate conformance to these criteria.

## Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

# 1. Initial Data Load

The initial data load will consist of the vendor entering data during live interactive testing for 4 patients with various scenarios. The data entry will include demographic data, Immunization histories and specific conditions for each patient. The initial data load will also populate the inventory used in the use case.

## Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 1.1. Juana Mariana Vazquez Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for a school-aged child Juana Mariana Vazquez. There are no transactions associated with this test case.

### Test Story

#### Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for Juana Mariana Vazquez. The data includes immunizations provided by the practice.

The vendor also enters:

-Two vaccines administered at other sites

1. an influenza vaccine given at a local pharmacy
2. an inactivated polio vaccine given elsewhere and not reported to the registry - the history includes an adverse reaction (febrile seizure) 8 hours after the vaccine was administered

- Adverse reaction to inactivated polio vaccine (febrile seizure) and the date and source of information

NOTE: the historical vaccines will be imported during the Registry query (e.g. from another practice).

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juana Mariana Vazquez using the test data provided.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as

a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

**Compare Public Health Immunization Registry (IIS) Immunization History to EHR**

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Identify Adverse Event:** The EHR or other clinical software system enables capture of structured data regarding adverse events.

**Evaluation Criteria**

Evaluation criteria is defined within each test step.

**Notes**

No Note

## 1.1.1. Enter Initial Demographic Data for New Patient Juana Mariana Vazquez

Test Step Type: SUT\_MANUAL

Juana Mariana Vazquez is entered as a patient in the EMR, including all pediatric demographic information.

### Test Story

#### Description

The EHR vendor loads demographic data for Juana Mariana Vazquez.

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Vazquez.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y], The code values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the specified coded value when the attribute is conveyed in later transaction messages.

For systems that document VFC eligibility at the patient level: VFC Eligible

Patient ID (previously listed as "Medicaid Number")	Vendor supplied	Y
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics	Y
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y
Patient Name: First	Juana	Y
Patient Name: Middle	Mariana	Y
Patient Name: Last	Vazquez	Y

Patient Date of Birth	11/01/2014	Y
Birth Time	11:05	N
Patient Gender (Administrative Sex)	F	Y
Patient Multiple Birth Indicator	No	Y
Patient Birth Order	NA	C
Responsible Person Name: First	Joanna	Y
Responsible Person Name: Middle	Merida	Y
Responsible Person Name: Last	Vazquez	Y
Responsible Person Name: Relationship to Patient	Grandmother	Y
Mother's Name: First	Maria	Y
Mother's Name: Middle	Merida	Y
Mother's Name: Last	Vazquez	Y
Mother's Name: Maiden Last	Acosta	Y
Patient Address: Street	4345 Standish Way	Y
Patient Address: City	Stamford	Y
Patient Address: State	CT	Y
Patient Address: Country	USA	Y
Patient Address: Zipcode	06903	Y
Patient Address: County of Residence	Fairfield	N
Race	White	Y
Ethnicity	Hispanic or Latino	Y
Birthing Facility Name (Birth Delivery Location Address BDL)	Shoreline Hospital	
325 Shorline Drive, Stamford Connecticut 06901	[Y - birthing facility name, not address]	
Patient Birth State	CT	Y
Patient Primary Language	English	Y
Patient Telephone Number	(203) 555-1212	Y
Patient Telephone Number Type (e.g., home, cell)	cell	Y
Patient E-mail Address	jmg@gmail.com	N
Publicity Code	Reminder/recall - any method (02 HL70215)	Y
Protection Indicator	N	Y
Protection Indicator Effective Date	NA	N

## Notes

Publicity Code is included in order to support documentation of communication method for the TestCaseGroup:Cohort Report. If the EMR does not support this attribute, the result for this step may indicate pass, but the lack of support should be documented as a notable exception.

The date/time of birth for the twins includes birth time. This aids in distinguishing the birth order for multiple births. Since this patient is not a multiple birth, the vendor can pass with notable exception if the birth date/time does not include precision of birth time. The notable exception should document the lack of support for birth time.

While the PID indicates that it is Vendor Supplied, the ID returned from the registry query is: 123456^^^MYEHR^MR~987633^^^MYIIS^SR. The IIS will not know the PID of the local system, and there is no context-based validation checking for the PID.

## 1.1.2. Enter Initial Immunization Data for Juana Mariana Vazquez: Immunizations from practice

Test Step Type: SUT\_MANUAL

Patient History from the local practice is entered into the EMR.

### Test Story

#### Description

The EHR vendor loads immunization history data from the local practice for Juana Mariana Vazquez. This includes an MMR dose that was given too early. This MMR dose serves to seed checking for dose given too early in TestCaseGroup: Juana Mariana Vazquez Visit, TestCase: Query the Registry for Juana Mariana Vazquez, TestStep: Mark first MMR Dose as Invalid.

#### Comments

No Comments

#### Pre-condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez.

#### Post-Condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez.

#### Test Objectives

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

#### Compare Public Health Immunization Registry (IIS) Immunization History to EHR

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Vaccine from Practice HepB		
Entered BY	Sandra Molina	Y
Ordering Provider	Frank Smith	N
Entering Organization	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y
Date/Time of Start of Administration	12/20/2015	Y
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08, NDC 58160-0820-01)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Sandra Molina	N
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	N
Lot Number	6352FK1	Y
Substance Expiration Date	12/31/2015	Y
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y
	Left Thigh (HL70163 LT)	
Administration Site		Y
Vaccine from Practice MMR		
a. Entered BY	J. Martinez	Y
b. Ordering Provider	Frank Smith	N
c. Entering Organization	Shoreline Pediatrics	Y
Vaccine Event information source	New immunization record (NIP001 00)	Y
Value/Text for Vaccine Type	Measles, mumps, rubella virus vaccine (CVX 03, NDC 0006-4681-00)	Y
Date/Time of Start of Administration	08/22/2015	Y
Vaccine Administered	Measles, mumps, rubella virus vaccine (CVX 03, NDC 0006-4681-00)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Sandra Molina	N
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	N
Lot Number	0853CC	Y

Substance Expiration Date	12/15/2016	Y
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161 HL70162 IM)	Y
Administration Site	Right Thigh (HL70163 RT)	Y

### Notes

The MMR dose serves to seed checking for dose given too early in TestCaseGroup: Juana Mariana Vazquez Visit, TestCase: Query the Registry for Juana Mariana Vazquez, TestStep: Mark first MMR Dose as Invalid.

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

### 1.1.3. Enter Initial Immunization Data for Juana Mariana Vazquez from Another Practice

Test Step Type: SUT\_MANUAL

Patient History from another practice is entered into the EMR.

#### Test Story

##### Description

The EHR vendor loads immunization history data from another practice into the record for Juana Mariana Vazquez.

##### Comments

No Comments

##### Pre-condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez.

##### Post-Condition

The immunization history from another practice is loaded into the record created for Juana Mariana Vazquez.

##### Test Objectives

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

##### Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History:

The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization history data from another practice as provided, with all required attributes indicated by [Y]:

Historical Vaccine from Another Practice - DTaP		
Entered BY	Sandra Molina	Y
Ordering Provider	J. Rodriguez	N
Entering Organization	Shoreline Pediatrics	Y
Vaccine Event information source (Administration Notes)	Historical information - from other provider (NIP001 02)	Y
Value/Text for Vaccine Type	DTaP	Y
Date/Time of Start of Administration	11/20/2018	Y
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Linda Casera	N
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	N
Lot Number	D643QS8243	Y
Substance Expiration Date	12/1/2018	Y
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162 IM)	Y
Administration Site	Left Deltoid (HL70163 LD)	Y
Historical Vaccine from Another Practice - Polio		
Entered BY	Sandra Molina	Y
Ordering Provider	J. Rodriguez	N
Entering Organization	Shoreline Pediatrics	Y
Vaccine Event information source	Historical information - from other provider (NIP001 02)	Y
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y
Date/Time of Start of Administration	2/21/2016	Y
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Linda Casera	N
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	N
Lot Number	D335PV9644	Y
Substance Expiration Date	4/22/2016	Y
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162 SC)	Y
Administration Site	Left Deltoid (HL70163 LD)	Y
Reaction	Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS)	Y

**Notes**

No Note

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## 1.1.4. Enter Initial Immunization Data for Juana Mariana Vazquez Reported by Parent

Test Step Type: SUT\_MANUAL

Patient History from a pharmacy as reported by the parent is entered into the EMR.

### Test Story

#### Description

The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Vazquez.

#### Comments

No Comments

#### Pre-condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez.

#### Post-Condition

The immunization history from the pharmacy as reported by the parent is loaded into the record created for Juana Mariana Vazquez.

#### Test Objectives

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

#### Compare Public Health Immunization Registry (IIS) Immunization History to EHR

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]:

Historical Vaccine from Pharmacy Reported by Parent		
Entered BY	Sandra Molina	Y
Ordering Provider	Gina Ricci	N
Entering Organization	Shoreline Pediatrics	Y
Vaccine Event information source (Administration Notes)	Historical information - from parent's written record (NIP001 03)	Y
Value/Text for Vaccine Type	Influenza vaccine	Y
Date/Time of Start of Administration	10/15/2018	Y
Vaccine Administered	influenza, seasonal, injectable, preservative Free (CVX 140) FLUARIX (NDC 58160-0883-41))	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Gina Ricci	N
Administered-at Location	Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901	Y
Lot Number	8L4B3423	Y
Substance Expiration Date	12/30/2018	Y
Substance Manufacturer Name	GlaxoSmithKline (MVX SKB)	Y
Completion Status	Completed (CP)	Y

### Notes

No Note

## 1.2. Juan Marcel Marina Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for 1 1/2-year old Juan Marcel Marina. There are no transactions associated with this test case.

### Test Story

#### Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for Juan Marcel Marina. The data includes a clinical history of varicella, and serological evidence of Hepatitis A immunity.

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juan Marcel Marina using the test data provided.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

Supporting data for:

**Modify Antigen Recommendations Based on Active Diagnoses:** The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 1.2.1. Enter Initial Demographic Data for New Patient Juan Marcel Marina

Test Step Type: SUT\_MANUAL

Juan Marcel Marina is entered as a patient in the EMR, including all pediatric demographic information.

### Test Story

<b>Description</b>		
The EHR vendor loads demographic data for Juan Marcel Marina.		
<b>Comments</b>		
Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step.		
<b>Pre-condition</b>		
No Pre-Condition		
<b>Post-Condition</b>		
The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Marina.		
<b>Test Objectives</b>		
<b>Register New Patients:</b> The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.		
<b>Evaluation Criteria</b>		
Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:  For systems that document VFC eligibility at the patient level: Not VFC Eligible		
Patient ID (previously listed as "Medicaid Number")	Vendor supplied	Y
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics	Y
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y
Patient Name: First	Juan	Y
Patient Name: Middle	Marcel	Y
Patient Name: Last	Marina	Y

Patient Date of Birth	03/04/2018	Y
Birth Time	11am	N
Patient Gender (Administrative Sex)	M	Y
Patient Multiple Birth Indicator	No	Y
Patient Birth Order	NA	C
Responsible Person Name: First	Manuel	Y
Responsible Person Name: Middle	Marcel	Y
Responsible Person Name: Last	Marina	Y
Responsible Person Name: Relationship to Patient	Father	Y
Mother's Name: First	Anita	Y
Mother's Name: Middle	Francesca	Y
Mother's Name: Last	Marina	Y
Mother's Name: Maiden Last	Morales	Y
Patient Address: Street	4623 Standish Way	Y
Patient Address: City	Stamford	Y
Patient Address: State	CT	Y
Patient Address: Country	USA	Y
Patient Address: Zipcode	06903	Y
Patient Address: County of Residence	Fairfield	N
Race	White	Y
Ethnicity	Hispanic or Latino	Y
Birthing Facility Name (Birth Delivery Location Address BDL)	Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901	[Y - birthing facility name, not address]
Patient Birth State	CT	Y
Patient Primary Language	English	Y
Patient Telephone Number	(203) 555-1213	Y
Patient Telephone Number Type (e.g., home, cell)	cell	Y
Patient E-mail Address	None	N
Publicity Code	Reminder/recall - no calls (03 HL70215)	Y
Protection Indicator	No	Y
Protection Indicator Effective Date		N
Immunization Registry Status		N
Preferred Contact Method	Text	Y

### Notes

Publicity Code is included in order to support documentation of communication method for the TestCaseGroup:Cohort Report. If the EMR does not support this attribute, the result for this step may indicate pass, but the lack of support should be documented as a notable exception.

The date/time of birth for the twins includes birth time. This aids in distinguishing the birth order for multiple births. Since this patient is not a multiple birth, the vendor can pass with notable

exception if the birth date/time does not include precision of birth time. The notable exception should document the lack of support for birth time.

While the PID indicates that it is Vendor Supplied, the ID returned from the registry query is: 123456^^^MYEHR^MR~987633^^^MYIIS^SR. The IIS will not know the PID of the local system, and there is no context-based validation checking for the PID.

## 1.2.2. Enter Clinical History for Juan Marcel Marina

Test Step Type: SUT\_MANUAL

The EHR captures structured data regarding a problem of congenital asplenia as part of the clinical history.

### Test Story

#### Description

The clinical history of Chicken Pox (Varicella) is documented in the record created for Juan Marcel Marina.

The lab tests show serologic immunity to Hep A and a finding is added indicating Hepatitis A Immune.

#### Comments

No Comments

#### Pre-condition

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Marina.

#### Post-Condition

The clinical history of the Varicella is documented in the record created for Juan Marcel Marina.  
The serologic immunity (Hepatitis A virus IgG+IgM Ab [Presence] in Serum) - result positive and a finding of Hepatitis A Immune is documented in the record for Juan Marcel Marina.

#### Test Objectives

Supporting data for:

**Modify Antigen Recommendations Based on Active Diagnoses:** The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

In this case, the vaccine is not recommended due to the history of the vaccine preventable condition (Varicella).

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all clinical history data provided with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Serologic Evidence of Immunity to Hepatitis A is documented in the record:

Lab Result and Finding (1/15/2019):

LOINC 51913-2 Hepatitis A virus IgG+IgM Ab [Presence] in Serum - result positive.

Finding of Hepatitis A Immunity is recorded (SNOMED 278971009 Hepatitis A Immune (finding)).

Finding of Hepatitis A Immunity is recorded (SNOMED 278971009 Hepatitis A Immune

(finding)).

History of Varicella (reason for vaccine forecast to not indicate varicella vaccine due)	
--	--

Problem (3/16/2019)	Varicella (disorder) SNOMED-CT 38907003); Varicella without complication - (ICD-10-CM B01.9) Coded Value expected using SNOMED-CT or ICD-10-CM	Y
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<b>Notes</b>
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No Note
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## 1.3. Juana Mariela Gonzales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for infant twin Juana Mariela Gonzales. There are no transactions associated with this test case.

### Test Story

#### Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for twin Juana Mariela Gonzales.

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juana Mariela Gonzales using the test data provided.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

### 1.3.1. Enter Initial Demographic Data for Juana Mariela Gonzales

Test Step Type: SUT\_MANUAL

Juana Mariela Gonzales, infant twin, is entered as a new patient in the EMR, including all pediatric demographic information.

#### Test Story

##### Description

The EHR vendor loads demographic data for Juana Mariela Gonzales.

##### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step.

##### Pre-condition

No Pre-Condition

##### Post-Condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariela Gonzales.

##### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

##### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

For systems that document VFC eligibility at the patient level: not VFC Eligible

Patient ID (previously listed as "Medicaid Number")	Vendor supplied	Y
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics	Y
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y
Patient Name: First	Juana	Y
Patient Name: Middle	Mariela	Y
Patient Name: Last	Gonzales	Y

Birth Time	10:01/2019	N
Patient Gender (Administrative Sex)	F	Y
Patient Multiple Birth Indicator	Yes	Y
Patient Birth Order	1	Y
Responsible Person Name: First	Joanna	Y
Responsible Person Name: Middle	Elena	Y
Responsible Person Name: Last	Gonzales	Y
Responsible Person Name: Maiden Last	Morales	N
Relationship to Patient	Mother	Y
Mother's Name: First	Joanna	Y
Mother's Name: Middle	Elena	Y
Mother's Name: Last	Gonzales	Y
Mother's Name: Maiden Last	Morales	Y
Patient Address: Street	3321 Standish Way	Y
Patient Address: City	Stamford	Y
Patient Address: State	CT	Y
Patient Address: Country	USA	Y
Patient Address: Zipcode	06903	Y
Patient Address: County of Residence	Fairfield	N
Race	White	Y
Ethnicity	Hispanic or Latino	Y
Birthing Facility Name (Birth Delivery Location Address BDL)	Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903	[Y - birthing facility name, not address]
Patient Birth State	CT	Y
Patient Primary Language	English	Y
Patient Telephone Number	(203) 555-1214	Y
Patient Telephone Number Type (e.g., home, cell)	cell	Y
Patient E-mail Address	none	N
Publicity Code	Reminder/recall - no calls (03 HL70215)	Y
Protection Indicator	N	N
Protection Indicator Effective Date	NA	N
Immunization Registry Status	NA	N
Preferred Contact Method	Text	Y

## Notes

Publicity Code is included in order to support documentation of communication method for the TestCaseGroup:Cohort Report. If the EMR does not support this attribute, the result for this step may indicate pass, but the lack of support should be documented as a notable exception.

The date/time of birth for the twins includes birth time. This aids in distinguishing the birth order of the twins, but as long as birth order is supplied, the vendor can pass with notable exception if the birth date/time does not include precision of birth time. The notable exception should document the lack of support for birth time.

While the PID indicates that it is Vendor Supplied, the ID returned from the registry query is: 123456^^^MYEHR^MR~987633^^^MYIIS^SR. The IIS will not know the PID of the local system, and there is no context-based validation checking for the PID.



## 1.4. Juana Maria Gonzales Initial Data Load

Demonstrates the ability to record pediatric demographic data, historical vaccinations, and clinical conditions for infant twin Juana Maria Gonzales. There are no transactions associated with this test case.

### Test Story

#### Description

The practice site for the scenario is Shoreline Pediatrics. The EHR vendor loads demographic data and clinical history for twin Juana Maria Gonzales.

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data, historical immunizations, and clinical conditions. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic data, historical immunizations, and clinical conditions in the record created for Juana Maria Gonzales using the test data provided.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 1.4.1. Enter Initial Demographic Data for Juana Maria Gonzales

Test Step Type: SUT\_MANUAL

Juana Maria Gonzales, infant twin, is entered as a new patient in the EMR, including all pediatric demographic information.

### Test Story

#### Description

The EHR vendor loads demographic data for Juana Maria Gonzales.

#### Comments

Set-up step evaluating EMR functions for capturing and storing patient pediatric demographic data. There is no transaction associated with this test step.

#### Pre-condition

No Pre-Condition

#### Post-Condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Maria Gonzales.

#### Test Objectives

**Register New Patients:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all demographic data provided, and in particular (Mother's maiden name, multiple birth, birth order), with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

For systems that document VFC eligibility at the patient level: Not VFC Eligible

Patient ID (previously listed as "Medicaid Number")	Vendor supplied	Y
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics	Y
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied	Y
Patient Name: First	Juana	Y
Patient Name: Middle	Maria	Y

Patient Name: Last	Gonzales	Y
Patient Date of Birth	10/01/2019	Y
Birth Time	11:15am	N
Patient Gender (Administrative Sex)	F	Y
Patient Multiple Birth Indicator	Yes	Y
Patient Birth Order	2	Y
Responsible Person Name: First	Joanna	Y
Responsible Person Name: Middle	Elena	Y
Responsible Person Name: Last	Gonzales	Y
Responsible Person Name: Relationship to Patient	Mother	Y
Mother's Name: First	Joanna	Y
Mother's Name: Middle	Elena	Y
Mother's Name: Last	Gonzales	Y
Mother's Name: Maiden Last	Morales	Y
Patient Address: Street	3321 Standish Way	Y
Patient Address: City	Stamford	Y
Patient Address: State	CT	Y
Patient Address: Country	USA	Y
Patient Address: Zipcode	06903	Y
Patient Address: County of Residence	Fairfield	N
Race	White	Y
Ethnicity	Hispanic or Latino	Y
Birthing Facility Name (Birth Delivery Location Address BDL)	Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903	[Y - birthing facility name, not address]
Patient Birth State	CT	Y
Patient Primary Language	English	Y
Patient Telephone Number	(203) 555-1214	Y
Patient Telephone Number Type (e.g., home, cell)	cell	Y
Patient E-mail Address	none	N
Publicity Code	Reminder/recall - no calls (03 HL70215)	Y
Protection Indicator	Yes	Y
Protection Indicator Effective Date	10/1/2019	Y
Immunization Registry Status		N
Preferred Contact Method	Text	Y

## Notes

Publicity Code is included in order to support documentation of communication method for the TestCaseGroup:Cohort Report. If the EMR does not support this attribute, the result for this step may indicate pass, but the lack of support should be documented as a notable exception.

The date/time of birth for the twins includes birth time. This aids in distinguishing the birth order

of the twins, but as long as birth order is supplied, the vendor can pass with notable exception if the birth date/time does not include precision of birth time. The notable exception should document the lack of support for birth time.

While the PID indicates that it is Vendor Supplied, the ID returned from the registry query is: 123456^^^MYEHR^MR~987633^^^MYIIS^SR. The IIS will not know the PID of the local system, and there is no context-based validation checking for the PID.

Protection Indicator Effective Date may use current date if constrained by EMR workflow.

Document in notable exceptions where Birth Address can not be captured/recorded by product.

## 1.5. Enter Inventory

Demonstrates the ability to enter and update inventory with stock received.

### Test Story

<b>Description</b>
The provider enters vaccine inventory data from available inventory.
<b>Comments</b>
2-D data matrix codes are provided as an option to enter the inventory.
<b>Pre-condition</b>
No Pre-Condition
<b>Post-Condition</b>
Vaccine inventory is recorded and available in the EMR.
<b>Test Objectives</b>
<b>Update Vaccine Inventory from Stock Receipt:</b> The EHR or other clinical software system updates the vaccine inventory when new stock is received at the site and updates the correct count of each vaccine, including those for use in guarantee programs (such as Vaccines for Children) and for private stock.  <b>Display Available Vaccine Antigens:</b> The system presents a list of vaccine antigens available for administration to patients (i.e., private stock Vs. specific guarantee program).
<b>Evaluation Criteria</b>
Evaluation criteria is defined within each test step.
<b>Notes</b>
Vendors are encouraged to scan the 2-D data matrix images as data input. Tester should document feedback and any identified issues with 2-D data matrix images.

## 1.5.1. Enter Vaccine Inventory

Test Step Type: SUT MANUAL

Demonstrates the ability to enter and update inventory with stock received.

### Test Story

#### Description

The provider receives a vaccine delivery and records the new vaccine data in available inventory.

#### Comments

Set-up step evaluating EMR functions for capturing and storing vaccine inventory data.

#### Pre-condition

No Pre-Condition

#### Post-Condition

Vaccine inventory is recorded and available in the EMR.

#### Test Objectives

**Update Vaccine Inventory from Stock Receipt:** The EHR or other clinical software system updates the vaccine inventory when new stock is received at the site and updates the correct count of each vaccine, including those for use in guarantee programs (such as Vaccines for Children) and for private stock.

#### Evaluation Criteria

Vendor successfully records all vaccine inventory data provided:

1.

Manufacturer:	Novartis Vaccines and Diagnostics Ltd
NDC:	66521-0113-02
Product Name:	FLUVIRIN
Lot#:	8L4B3521
Expiration Date:	12/31/2020
GTIN:	00358160881411
Vaccine source:	VFC
Quantity:	25 Syringes (or doses)

2-D Data Matrix:



2.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8422
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	VFC
Quantity:	15 Vials (or doses)

2-D Data Matrix:



3.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8855
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	Non-VFC
Quantity:	12 Vials (or doses)

2-D Data Matrix:



4.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK18
Expiration Date:	6/15/2019

GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	18 Syringes (or doses)
2-D Data Matrix:	

5.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK26
Expiration Date:	12/31/2020
GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	20 Syringes (or doses)
2-D Data Matrix:	

6.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0811-43
Product Name:	Pediarix
Lot#:	6559FK32
Expiration Date:	12/31/2020
GTIN:	10358160811439
Vaccine source:	Non-VFC
Quantity:	16 Syringes (or doses)
2-D Data Matrix:	



### Notes

Vendors are encouraged to scan the 2-D Data Matrix images as data input. Tester should document feedback and any identified issues with 2-D Data Matrix images.

## 1.5.2. View Inventory

Test Step Type: SUT MANUAL

Demonstrates the ability to enter and update inventory with stock received.

### Test Story

#### Description

The provider reviews the full list of vaccine inventory.

#### Comments

No Comments

#### Pre-condition

Inventory has been entered into the EMR.

#### Post-Condition

The list of available inventory is displayed.

#### Test Objectives

**Display Available Vaccine Antigens:** The system presents a list of vaccine antigens available for administration to patients (i.e., private stock Vs. specific guarantee program).

#### Evaluation Criteria

The EMR inventory shows (minimally):

1.

Manufacturer:	Novartis Vaccines and Diagnostics Ltd
NDC:	66521-0113-02
Product Name:	FLUVIRIN
Lot#:	8L4B3521
Expiration Date:	12/31/2020
GTIN:	00358160881411
Vaccine source:	VFC
Quantity:	25 Syringes (or doses)

2.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8422
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	VFC
Quantity:	15 Vials (or doses)

3.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8855
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	Non-VFC
Quantity:	12 Vials (or doses)

4.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK18
Expiration Date:	6/15/2019
GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	18 Syringes (or doses)

5.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK26
Expiration Date:	12/31/2020
GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	20 Syringes (or doses)

6.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0811-43
Product Name:	Pediarix
Lot#:	6559FK32
Expiration Date:	12/31/2020
GTIN:	10358160811439
Vaccine source:	Non-VFC
Quantity:	16 Syringes (or doses)

**Notes**

Tester should document how quantity is displayed and what is present (e.g. volume, # doses).

## 2. Juana Mariana Vazquez Visit

Juana Mariana Vazquez visits the provider where her immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The parents refuse the Polio vaccine due to prior issues. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

### Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 2.1. Query the Registry for Juana Mariana Vazquez

EMR generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariana Vazquez. The Z42 response is used to display, reconcile, and update the immunization information in the EMR.

### Test Story

#### Description

The EMR generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariana Vazquez.

Querying the registry will consist of the vendor creating Z44 messages for Juana Mariana Vazquez to be sent to the registry. The response will be processed as part of the 'Display, Reconcile, Import and Update Immunization Information' activity.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry and create a new forecast after reconciling the information.

#### Comments

No Comments

#### Pre-condition

Juana Mariana Vazquez is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Mariana Vazquez Initial Data Load.'

#### Post-Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each

patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

### **Compare Public Health Immunization Registry (IIS) Immunization History to EHR**

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**View Immunization Forecast:** The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, date due, and maximum (latest) date for each vaccine included in the forecast.

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

**Review Patient Immunization History:** To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Support for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

**Evaluation Criteria**

Evaluation criteria is defined within each test step.

**Notes**

No Note

## 2.1.1. Select Patient Juana Mariana Vazquez

Test Step Type: SUT\_MANUAL

Select patient Juana Mariana Vazquez, distinguishing the patient from other patients with similar demographics (similar names).

### Test Story

#### Description

Juana Mariana Vazquez is selected as the patient and her record is opened in the EMR.

#### Comments

No Comments

#### Pre-condition

Juana Mariana Vazquez Initial Data Load completed.

#### Post-Condition

Juana Mariana Vazquez is the active working patient in the EMR.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Tester shall verify that the product can distinguish Juana Mariana Vazquez from similar sounding names using all of the pediatric demographics. Tester verifies that the product can select the correct patient. The following subset of the patient demographic attributes entered during the initial data load are verified to assure that the correct patient is selected:

Patient Name: First	Juana
Patient Name: Middle	Mariana
Patient Date of Birth:	11/01/2014
Birth Time:	11:05
Patient Gender (Administrative Sex):	F
Patient Address: Street	4345 Standish Way
Patient Address: City	Stamford
Patient Address: State	CT
Patient Address: Country	US
Patient Address: Zip code	06903
Patient Telephone Number:	(203) 555-1212

**Notes**

No Note

## 2.1.2. Query Registry for vaccination history and forecast for Juana Mariana Vazquez

Test Step Type: SUT\_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

### Test Story

#### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry.

#### Comments

No Comments

#### Pre-condition

Juana Mariana Vazquez Initial Data Load is completed.

Juana Mariana Vazquez is the active working patient in the EMR.

#### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Mariana Vazquez.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Support for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission.

Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied.

#### Notes

No Note

## Message Contents

**MSH : Message Header**

Location	Data Element	Data	Categorization
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191015001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Vazquez	Value-Test Case Fixed
QPD-4.2	Given Name	Juana	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Mariana	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Acosta	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201411011105	Value-Test Case Fixed
QPD-7	Patient Sex	F	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	4345 Standish Way	Value-Test Case Fixed
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	Value-Test Case Fixed
QPD-8.4	State or Province	CT	Value-Test Case Fixed
QPD-8.5	Zip or Postal Code	06903	Value-Test Case Fixed
QPD-8.6	Country		
QPD-8.7	Address Type	L	Value-Test Case Fixed
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	Value-Test Case Fixed
QPD-9.3	Telecommunication Equipment Type	CP	Value-Test Case Fixed
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	Value-Test Case Fixed
QPD-9.7	Local Number	5551212	Value-Test Case Fixed
QPD-10	Multiple birth indicator	N	Indifferent
QPD-11	Birth order		

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCR-2.1	Quantity	1	
RCR-2.2	Units		
RCR-2.2.1	Identifier	RD	
RCR-2.2.2	Text	Records	
RCR-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juana Mariana Vazquez
Mother's Maiden Name	Acosta
ID Number	123456
Date/Time of Birth	11/01/2014 11:05
Sex	Female
Patient Address	4345 Standish Way Stamford CT 06903
Patient Phone	(203)555-1212
Birth Indicator	No
Birth Order	

## **2.1.3. View and Compare response to request for vaccination history for Juana Mariana Vazquez**

Test Step Type: TA\_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and compare to those in the EMR.

### **Test Story**

#### **Description**

The Immunization Registry returns an Evaluated History and Forecast (Z42) to the EMR in response to the query for patient (Juana Mariana Vazquez). The provider reviews the immunization history from the registry and compares to the immunization history in the EMR. The provider reviews the information from these sources, identifying information known only to the registry, and identifying information that is more accurately reflected in the local EMR:

The physician accesses the record for Juana Mariana Vazquez and the EHR Differentiates:

The following vaccinations are available only to the EMR:

diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 11/20/2017

poliovirus vaccine, inactivated (CVX 10) administered 2/21/2014, -- Adverse Reaction: febrile seizure (e.g. Simple febrile seizure (finding) 432354000) VXC11^convulsions (fits, seizures) within 72 hours of dose^CDCPHINV

Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) administered 10/15/2018

The EHR differentiates the following vaccinations which differ between the EMR and the IIS:

For the hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 12/20/2014, that EMR displays different text for the IIS (which documents a Non-specific formulation) and EMR (which documents hepatitis B vaccine, pediatric or pediatric/adolescent dosage) for Vaccine administered

The EHR differentiates the following vaccinations that are available from both the IIS that and the local EMR:

measles, mumps, rubella virus vaccine (CVX 03) administered 8/22/2015 (an invalid dose)

poliovirus vaccine, inactivated (CVX 10) administered 2/21/2015 -- Adverse Reaction: febrile seizure (e.g. Simple febrile seizure (finding) 432354000) VXC11^convulsions (fits, seizures) within 72 hours of dose^CDCPHINV

The EHR differentiates the following vaccinations are that are available from the IIS that are not known to the local EMR:

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 11/01/2014  
hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 05/20/2015

diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 1/22/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 3/23/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 2/21/2016
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 1/22/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 3/23/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 5/22/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 11/21/2015
poliovirus vaccine, inactivated (CVX 10) administered 1/22/2015
poliovirus vaccine, inactivated (CVX 10) administered 3/23/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 1/22/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 3/23/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 5/22/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 1/11/2016
rotavirus, live, monovalent vaccine (CVX 119) administered 1/22/2015
rotavirus, live, monovalent vaccine (CVX 119) administered 3/23/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 9/25/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 10/29/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 10/2/2016
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 11/4/2017
hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) administered 11/23/2015
hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) administered 5/23/2016
measles, mumps, rubella virus vaccine (CVX 03) administered 11/22/2018
Varicella virus vaccine (CVX 21) administered 12/15/2016

### Comments

No Comments

### Pre-condition

Juana Mariana Vazquez Initial Data Load is completed.

Juana Mariana Vazquez is the active working patient in the EMR.

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR.

### Post-Condition

Evaluated Immunization History returned from the registry is reviewed and compared to the

immunizations in the patient record (Juana Mariana Vazquez).

## Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

## Compare Public Health Immunization Registry (IIS) Immunization History to EHR

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Review Patient Immunization History:** To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Support for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

## Evaluation Criteria

1. The EMR is able to receive the response from the Immunization Registry.
2. The EMR displays the information returned from the Immunization Registry according to the Juror Document.
  - Complete review for Polio administered 3/23/2014, MMR 8/22/2014.
  - remaining vaccines may be reviewed only for the vaccine name and date administered.
3. The EMR is able to differentiate the vaccines in the comparison between the EHR and the vaccination history.

## Notes

The juror document also contains the verification content for the immunization forecast, which is tested and graded separately at step 5: View the vaccination history for Juana Mariana Vazquez. The criteria for this step is tested separately here and graded only with respect to the vaccine

history.

Visualization of the adverse reaction for the Polio Vaccine in the history returned from the IIS is an advanced function. The adverse event is returned in the message and may be displayed during comparison by the EMR, but it is not listed in the Juror document.

The EMR must minimally display the vaccine administered and the date of the immunization.

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	MYIIS	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	MyStateIIS	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	MYEHR	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	Myclinic	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191015001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	7731029	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z42	
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	A_Clinic	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	AN	
MSH-22.10	Organization Identifier	A_Clinic1234	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	793543	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	37374859	
QAK-2	Query Response Status	OK	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Vazquez	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Mariana	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Acosta	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201411011105	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	4345 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code		
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551212	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

**PID : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Vazquez	
PID-5.2	Given Name	Juana	
PID-5.3	Second and Further Given Names or Initials Thereof	Mariana	
PID-5.7	Name Type Code	L	
PID-7	Date/Time of Birth		
PID-7.1	Time	201411011105	
PID-8	Administrative Sex	F	
PID-11	Patient Address		
PID-11.1	Street Address		
PID-11.1.1	Street or Mailing Address	4345 Standish Way	
PID-11.2	Other Designation		
PID-11.3	City	Stamford	
PID-11.4	State or Province	CT	
PID-11.5	Zip or Postal Code	06903	
PID-11.6	Country	USA	
PID-11.7	Address Type	L	
PID-30	Patient Death Indicator		

**ORC[\*]**

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	
ORC-17.2	Text	Shoreline Hospital	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	1970278	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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ORC-1	Order Control	RE	
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ORC-2.3	Universal ID		
ORC-2.4	Universal ID Type		
ORC-3	Filler Order Number		
ORC-3.1	Entity Identifier	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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ORC-1	Order Control	RE	
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ORC-2.4	Universal ID Type		
ORC-3	Filler Order Number		
ORC-3.1	Entity Identifier	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
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ORC-2.4	Universal ID Type		
ORC-3	Filler Order Number		
ORC-3.1	Entity Identifier	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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ORC-1	Order Control	RE	
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ORC-2.4	Universal ID Type		
ORC-3	Filler Order Number		
ORC-3.1	Entity Identifier	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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ORC-1	Order Control	RE	
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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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

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	20141101	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20141220	
RXA-5	Administered Code		
RXA-5.1	Identifier	45	
RXA-5.2	Text	hepatitis B vaccine, unspecified formulation	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150520	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	107	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160221	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151121	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	poliovirus vaccine, inactivated	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	poliovirus vaccine, inactivated	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20140122	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160111	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	rotavirus, live, monovalent vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	rotavirus, live, monovalent vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150925	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151029	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161002	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20171104	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151123	
RXA-5	Administered Code		
RXA-5.1	Identifier	83	
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160523	
RXA-5	Administered Code		
RXA-5.1	Identifier	83	
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150822	
RXA-5	Administered Code		
RXA-5.1	Identifier	03	
RXA-5.2	Text	measles, mumps, rubella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Molina	
RXA-10.3	Given Name	Sandra	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181122	
RXA-5	Administered Code		
RXA-5.1	Identifier	03	
RXA-5.2	Text	measles, mumps, rubella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161215	
RXA-5	Administered Code		
RXA-5.1	Identifier	21	
RXA-5.2	Text	varicella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150429	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191021	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXR[\*]**
**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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	

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20141031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20141031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150520	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150122	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150122	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdccgs1vis	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150323	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150522	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150522	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdccgs1vis	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160221	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20160221	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160221	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151121	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	31044-1	
OBX-3.2	Text	Reaction	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC11	
OBX-5.2	Text	convulsions (fits, seizures) within 72 hours of dose	
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	20100523	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20140323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20140122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160111	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150925	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151029	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20161002	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20171104	

**OBX : Observation/Result**

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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151123	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20111025	
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	20151123	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20151123	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
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	253088698300004211111025	
OBX-5.2	Text	Hepatitis A VIS	
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 Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160523	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20111025	
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	20160523	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160523	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
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	253088698300004211111025	
OBX-5.2	Text	Hepatitis A VIS	
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 Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150822	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	N	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30982-3	
OBX-3.2	Text	Reason code	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	264499004	
OBX-5.2	Text	Early	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20181122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	21	
OBX-5.2	Text	Varicella virus vaccine	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20161215	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	10	
OBX-5.2	Text	IPV	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150429	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150429	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150429	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160430	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20150429	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191021	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

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	21	
OBX-5.2	Text	Varicella	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
This information will be automatically supplied by the System	

**Juror Document**

<b>Evaluated Immunization History and Immunization Forecast</b>					
<b>Test Case ID</b>	Query the Registry for Juana Mariana Vazquez				
<b>Juror ID</b>					
<b>Juror Name</b>					
<b>HIT System Tested</b>					
<b>Inspection Date/Time</b>					
<b>Inspection Settlement (Pass/Fail)</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td><b>Pass</b></td> <td><b>Fail</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Pass</b>	<b>Fail</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pass</b>	<b>Fail</b>				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>Reason Failed</b>					
<b>Juror Comments</b>					

**DISPLAY VERIFICATION**

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2014	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	
<p>When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/01/2014	
Date/Time Administration-End	11/01/2014	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	12/20/2014	
Date/Time Administration-End	12/20/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	

Evaluated Immunization History Information		
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2015	
Date/Time Administration-End	05/20/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	

Evaluated Immunization History Information		
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		

Administered-at Location

Evaluated Immunization History Information		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	02/21/2016	
Date/Time Administration-End	02/21/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	

Evaluated Immunization History Information		
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		

Evaluated Immunization History Information		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		

Evaluated Immunization History Information		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	11/21/2015	
Date/Time Administration-End	11/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		

Evaluated Immunization History Information		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	

Evaluated Immunization History Information		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/22/2014	
Date/Time Administration-End	01/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

Evaluated Immunization History Information		
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	

Evaluated Immunization History Information		
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/11/2016	
Date/Time Administration-End	01/11/2016	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	

Evaluated Immunization History Information		
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2015	
Date/Time Administration-End	09/25/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2015	
Date/Time Administration-End	10/29/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		

Evaluated Immunization History Information		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2016	
Date/Time Administration-End	10/02/2016	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	

Evaluated Immunization History Information		
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2017	
Date/Time Administration-End	11/04/2017	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		

Evaluated Immunization History Information		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2015	
Date/Time Administration-End	11/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2016	
Date/Time Administration-End	05/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	

Evaluated Immunization History Information		
<b>Country</b>		
<b>Valid Dose</b>		
<b>Validity Reason</b>		
<b>Completion Status*</b>	Complete	
<b>Dose Number in Series</b>	2	
<b>Number of Doses in Series</b>	2	
<b>Immunization Series Name</b>		
<b>Status in Immunization Series</b>		
<b>Immunization Schedule Used</b>	ACIP	
<b>Element Name</b>	<b>Data</b>	<b>Tester Comment</b>
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2015	
Date/Time Administration-End	08/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	Sandra Molina	
ID Number		
<b>Administered-at Location</b>		
Facility ID	SP	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	

Evaluated Immunization History Information		
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2018	
Date/Time Administration-End	11/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

Evaluated Immunization History Information		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	<b>Data</b>	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	12/15/2016	
Date/Time Administration-End	12/15/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		

Evaluated Immunization History Information		
Immunization Schedule Used	ACIP	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2015	
Earliest Date to Give	04/29/2015	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2019	
Earliest Date to Give	09/01/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		

## 2.1.4. Mark first MMR Dose as Invalid

Test Step Type: SUT\_MANUAL

Identify the first MMR dose which is given too early, as invalid. If the EHR does not already flagged the first MMR as invalid, the provider updates the first MMR to indicate it is invalid as it was given too early (as notified by the registry).

### Test Story

<b>Description</b> If the EHR does not already flag the first MMR as invalid, the provider updates the first MMR to indicate it is "invalid" as it was given too early (as notified by the registry).
<b>Comments</b> If the EMR already recognizes the dose as invalid, then this step may be skipped.
<b>Pre-condition</b> Initial Data Load - Step 2: Enter Initial Immunization Data for Juana Mariana Vazquez: Immunizations from practice.
<b>Post-Condition</b> MMR status for the first MMR dose is set to invalid.
<b>Test Objectives</b> dose validity is an important aspect of:  <b>View Reconciled Immunization Forecast:</b> The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.
<b>Evaluation Criteria</b> Evaluation Criteria: The vendor is able to record that the first MMR vaccination dose is invalid with a reason that it was given too early, and therefore the dose administered on 11/22/2018 should indicated dose '1'.
<b>Notes</b> In the steps that follow, the MMR returned from the registry will be imported and the vaccine forecasting steps will further verify the correct documentation of the dose that will be imported from the registry as dose '1'.



## 2.1.5. View the vaccination forecast for Juana Mariana Vazquez

Test Step Type: TA\_RESPONDER

Vendor can successfully display the current Immunization Forecast (vaccination names and recommended vaccination dates) as returned by the Registry (Z42).

### Test Story

<b>Description</b> The physician accesses the record for Juana Mariana Vazquez and: <ul style="list-style-type: none"><li>- Displays the registry forecast as returned by the immunization registry.</li></ul>
<b>Comments</b> No Comments
<b>Pre-condition</b> A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR.
<b>Post-Condition</b> Immunization Forecast returned from the registry has been displayed to the user.
<b>Test Objectives</b> <b>View Immunization Forecast:</b> The system provides a view of the immunization forecast provided by the public health immunization registry (IIS). The display includes the forecast from the registry and includes recommended vaccination dates, minimum (earliest) date, date due, and maximum (latest) date for each vaccine included in the forecast.
<b>Evaluation Criteria</b> <ol style="list-style-type: none"><li>1. The EMR displays the information returned from the Immunization Registry according to the Juror Document.</li><li>2. Verify that all forecast vaccines and dates returned by the registry are displayed to the user.</li></ol>
<b>Notes</b> <p>The verification content for the vaccine forecast also is part of the juror document in the prior step 3: View and Compare response to request for vaccination history for Juana Mariana Vazquez. The criteria for this step is tested separately here and graded only with respect to the vaccine forecast. Date when Vaccine Overdue may be omitted for the Influenza Vaccine.</p> <p>For MMR, the 2nd dose is due 10/31/18 according to the schedule. Since the first one was given too early, the child is behind. Verify that the EMR shows all 3 dates returned by the registry:</p> <ul style="list-style-type: none"><li>- Earliest Date to Give</li><li>- Vaccine Due Date</li></ul>

- Date When Vaccine Overdue

## Message Contents

### MSH : Message Header

Location	Data Element	Data	Categorization
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	MYIIS	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	MyStateIIS	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	MYEHR	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	Myclinic	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191015001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	7731029	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z42	
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	A_Clinic	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	AN	
MSH-22.10	Organization Identifier	A_Clinic1234	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	793543	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	37374859	
QAK-2	Query Response Status	OK	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Vazquez	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Mariana	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Acosta	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201411011105	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	4345 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code		
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551212	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

**PID : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Vazquez	
PID-5.2	Given Name	Juana	
PID-5.3	Second and Further Given Names or Initials Thereof	Mariana	
PID-5.7	Name Type Code	L	
PID-7	Date/Time of Birth		
PID-7.1	Time	201411011105	
PID-8	Administrative Sex	F	
PID-11	Patient Address		
PID-11.1	Street Address		
PID-11.1.1	Street or Mailing Address	4345 Standish Way	
PID-11.2	Other Designation		
PID-11.3	City	Stamford	
PID-11.4	State or Province	CT	
PID-11.5	Zip or Postal Code	06903	
PID-11.6	Country	USA	
PID-11.7	Address Type	L	
PID-30	Patient Death Indicator		

**ORC[\*]**

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	
ORC-17.2	Text	Shoreline Hospital	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

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	20141101	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20141220	
RXA-5	Administered Code		
RXA-5.1	Identifier	45	
RXA-5.2	Text	hepatitis B vaccine, unspecified formulation	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150520	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	107	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160221	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151121	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	poliovirus vaccine, inactivated	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	poliovirus vaccine, inactivated	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160111	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	rotavirus, live, monovalent vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	rotavirus, live, monovalent vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150925	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151029	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161002	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20171104	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151123	
RXA-5	Administered Code		
RXA-5.1	Identifier	83	
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160523	
RXA-5	Administered Code		
RXA-5.1	Identifier	83	
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150822	
RXA-5	Administered Code		
RXA-5.1	Identifier	03	
RXA-5.2	Text	measles, mumps, rubella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Molina	
RXA-10.3	Given Name	Sandra	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181122	
RXA-5	Administered Code		
RXA-5.1	Identifier	03	
RXA-5.2	Text	measles, mumps, rubella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161215	
RXA-5	Administered Code		
RXA-5.1	Identifier	21	
RXA-5.2	Text	varicella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text	new immunization record	
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150429	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191021	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXR[\*]**
**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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	

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20141031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20141031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150520	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150122	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150122	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150323	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20150522	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150522	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdccgs1vis	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160221	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20070517	
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	20160221	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160221	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	8	
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	253088698300003511070517	
OBX-5.2	Text	Diphtheria/Tetanus/Pertussis (DTaP) VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151121	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	31044-1	
OBX-3.2	Text	Reaction	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC11	
OBX-5.2	Text	convulsions (fits, seizures) within 72 hours of dose	
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	20100523	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150522	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160111	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150323	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150925	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151029	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20161002	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20171104	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20151123	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20111025	
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	20151123	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20151123	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
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	253088698300004211111025	
OBX-5.2	Text	Hepatitis A VIS	
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 Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20160523	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29768-9	
OBX-3.2	Text	VIS Publication Date	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20111025	
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	20160523	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	VIS presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160523	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
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	253088698300004211111025	
OBX-5.2	Text	Hepatitis A VIS	
OBX-5.3	Name of Coding System	cdcgsv1vis	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150822	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	N	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30982-3	
OBX-3.2	Text	Reason code	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	264499004	
OBX-5.2	Text	Early	
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		

**OBX : Observation/Result**

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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20181122	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	21	
OBX-5.2	Text	Varicella virus vaccine	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20161215	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	10	
OBX-5.2	Text	IPV	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20150429	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150429	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20150429	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20160430	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20150429	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191021	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

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	21	
OBX-5.2	Text	Varicella	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	7	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
This information will be automatically supplied by the System	

**Juror Document**

<b>Evaluated Immunization History and Immunization Forecast</b>					
<b>Test Case ID</b>	Query the Registry for Juana Mariana Vazquez				
<b>Juror ID</b>					
<b>Juror Name</b>					
<b>HIT System Tested</b>					
<b>Inspection Date/Time</b>					
<b>Inspection Settlement (Pass/Fail)</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td><b>Pass</b></td> <td><b>Fail</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Pass</b>	<b>Fail</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pass</b>	<b>Fail</b>				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>Reason Failed</b>					
<b>Juror Comments</b>					

**DISPLAY VERIFICATION**

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2014	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	
<p>When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/01/2014	
Date/Time Administration-End	11/01/2014	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	12/20/2014	
Date/Time Administration-End	12/20/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	

Evaluated Immunization History Information		
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2015	
Date/Time Administration-End	05/20/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	

Evaluated Immunization History Information		
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		

Evaluated Immunization History Information		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	02/21/2016	
Date/Time Administration-End	02/21/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	

Evaluated Immunization History Information		
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		

Evaluated Immunization History Information		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		

Evaluated Immunization History Information		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	11/21/2015	
Date/Time Administration-End	11/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		

Evaluated Immunization History Information		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	

Evaluated Immunization History Information		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

Evaluated Immunization History Information		
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	

Evaluated Immunization History Information		
Refusal Reason		
Date/Time Administration-Start	05/22/2015	
Date/Time Administration-End	05/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/11/2016	
Date/Time Administration-End	01/11/2016	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2015	
Date/Time Administration-End	01/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	

Evaluated Immunization History Information		
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2015	
Date/Time Administration-End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2015	
Date/Time Administration-End	09/25/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2015	
Date/Time Administration-End	10/29/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		

Evaluated Immunization History Information		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2016	
Date/Time Administration-End	10/02/2016	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	

Evaluated Immunization History Information		
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2017	
Date/Time Administration-End	11/04/2017	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		

Evaluated Immunization History Information		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2015	
Date/Time Administration-End	11/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2016	
Date/Time Administration-End	05/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	

Evaluated Immunization History Information		
<b>Country</b>		
<b>Valid Dose</b>		
<b>Validity Reason</b>		
<b>Completion Status*</b>	Complete	
<b>Dose Number in Series</b>	2	
<b>Number of Doses in Series</b>	2	
<b>Immunization Series Name</b>		
<b>Status in Immunization Series</b>		
<b>Immunization Schedule Used</b>	ACIP	
<b>Element Name</b>	<b>Data</b>	<b>Tester Comment</b>
<b>Entering Organization</b>	Shoreline Pediatrics	
<b>Vaccine Group</b>	MMR	
<b>Vaccine Administered</b>	measles, mumps, rubella virus vaccine	
<b>Refusal Reason</b>		
<b>Date/Time Administration-Start</b>	08/22/2015	
<b>Date/Time Administration-End</b>	08/22/2015	
<b>Administered Amount</b>	0.5	
<b>Administered Units of Measure</b>	mL	
<b>Route of Administration</b>	Subcutaneous	
<b>Administration Site</b>	Left Thigh	
<b>Substance Manufacturer Name</b>	Merck Sharp and Dohme Corp	
<b>Administration Notes</b>	new immunization record	
<b>Administering Provider</b>		
<b>Name</b>	Sandra Molina	
<b>ID Number</b>		
<b>Administered-at Location</b>		
<b>Facility ID</b>	SP	
<b>Street Address</b>	400 Shoreline Drive	
<b>Other Designation</b>		
<b>City</b>	Stamford	
<b>State</b>	CT	
<b>Zip Code</b>	06901	
<b>Country</b>		
<b>Valid Dose</b>	NO	

Evaluated Immunization History Information		
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2018	
Date/Time Administration-End	11/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

Evaluated Immunization History Information		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	<b>Data</b>	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	12/15/2016	
Date/Time Administration-End	12/15/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		

Evaluated Immunization History Information		
Immunization Schedule Used	ACIP	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2015	
Earliest Date to Give	04/29/2015	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2019	
Earliest Date to Give	09/01/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		

## **2.1.6. Reconcile and import vaccinations from Evaluated History and Forecast for Juana Mariana Vazquez**

Test Step Type: SUT\_MANUAL

The Provider uses the EMR to compare the immunization history results (Z42) returned by the Immunization Registry in response to the Z44 Query with the immunization history in the local system and reconcile (import/update) records.

### **Test Story**

<b>Description</b>
Juana Mariana Vazquez immunization registry provided Evaluated History and Forecast is reconciled with the Immunization history information in the EMR.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR, and the response is available in the EMR for reconciliation and import.
<b>Post-Condition</b>
Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Mariana Vazquez).
<b>Test Objectives</b>
<b>Request/Receive Patient Immunization Data and Identify Source:</b> The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.
<b>Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History:</b> The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.
<b>Review Patient Immunization History:</b> To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Support for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

### Evaluation Criteria

1. The user imports the vaccination, date administered, and documents adverse reactions reconciled from the returned vaccinations as follows:

**a. Vaccinations NOT imported:**

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 12/20/2014
measles, mumps, and rubella virus vaccine (CVX 03) administered 8/22/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 11/20/2018 [known only to EMR, not available from IIS]
poliovirus vaccine, inactivated (CVX 10) administered 2/21/2016 [known only to EMR, not available from IIS]
Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 140) administered 10/15/2018 [known only to EMR, not available from IIS]

**b. Vaccinations Imported:**

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 11/01/2014
hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 05/20/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 1/22/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 3/23/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 5/22/2015
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 2/21/2016
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 1/22/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 3/23/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 5/22/2015
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 11/21/2015
poliovirus vaccine, inactivated (CVX 10) administered 1/22/2015
poliovirus vaccine, inactivated (CVX 10) administered 3/23/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 1/22/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 3/23/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 5/22/2015
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 1/11/2016
rotavirus, live, monovalent vaccine (CVX 119) administered 1/22/2015

rotavirus, live, monovalent vaccine (CVX 119) administered 3/23/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 9/25/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 10/29/2015
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 10/2/2016
Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) administered 11/4/2017
hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) administered 11/23/2015
hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) administered 5/23/2016
measles, mumps, rubella virus vaccine (CVX 03) administered 11/22/2018
Varicella virus vaccine (CVX 21) administered 12/15/2016

2. The tester verifies that the Reconciled Patient Immunization History can be displayed to the user.

**Notes**

No Note

## 2.1.7. View the updated vaccination forecast for Juana Mariana Vazquez

Test Step Type: SUT\_MANUAL

Using the reconciled vaccine history information, the EMR displays the current Immunization Forecast to the user for Juana Mariana Vazquez.

### Test Story

#### Description

Once the vaccine history is reconciled in the EMR, the vaccine forecast is updated.

#### Comments

No Comments

#### Pre-condition

EMR Vaccine History is Reconciled with Immunization History from the IIS (previous step 'Reconcile and import vaccinations from Evaluated History and Forecast returned by the Registry for Juana Mariana Vazquez').

#### Post-Condition

An updated vaccine forecast based upon the reconciled vaccine history is available to the user.

#### Test Objectives

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

#### Evaluation Criteria

Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:

1. Verify that the EMR does not include in reconciled vaccine forecast:

IPV	due on 4/30/2015
-----	------------------

2. Verify that the EMR includes in reconciled vaccine forecast:

IPV	due on 10/31/2018
Varicella	due on 10/31/2018
influenza, unspecified formulation	due on 09/01/2019 or later (annual recommendation - specific date may vary somewhat)

#### Notes

The due date must be in range for the date shown. Vaccine forecast dates may be plus or minus 10 days to accommodate differences in date handling.

Since Influenza is seasonal, forecasting of Influenza may vary by test date. Once the Flu season is past, the next Flu vaccine forecast will be for the next season. The forecasting for children who are playing immunization catch-up may differ from the standard immunization forecast. Tester should document incidences where influenza is not forecasted and verify that the rationale for the omission is due to the date of the test. Variations relating to IPV refusals and catch-up should also be documented by the tester.

Further variation should be documented in the notable exceptions, but minimally each forecast vaccine must be present.

## 2.2. Juana Mariana Vazquez, Enter Orders and Immunizations

The provider selects to order IPV and views information about the prior febrile seizure post-IPV vaccine.

### Test Story

<b>Description</b>
This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
Juana Mariana Vazquez is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Mariana Vazquez Initial Data Load.'
<b>Post-Condition</b>
Visit orders are entered in Juana Mariana Vazquez's record.
<b>Test Objectives</b>
<b>Notify of Previous Adverse Event:</b> EHRs and other clinical software systems alert providers to previous adverse events for a specific patient, in order to inform clinical decision-making when providers view an existing immunization record.
<b>Record Vaccine Administration Deferral:</b> The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.
<b>Receive Dose Not Indicated Alert for Single Vaccine Order:</b> The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.
<b>Record Vaccine Administration:</b> The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.
<b>Enter Vaccination Order:</b> The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Sample of data quality checking for vaccine route.

**Evaluation Criteria**

Evaluation criteria is defined within each test step.

**Notes**

No Note

## 2.2.1. Order IPV and view prior reaction

Test Step Type: SUT\_MANUAL

The provider selects to order IPV and views information about the prior febrile seizure post-IPV vaccine.

### Test Story

#### Description

The physician accesses the record for Juana Mariana Vazquez and:

- Selects order for IPV and views information about the prior febrile seizure post-IPV vaccine.
- IPV is ordered for the patient.

#### Comments

In this step, the order is recorded after receiving the alert. This step is followed by parental refusal when the administration is attempted.

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history.  
Historical Vaccination reconciled and loaded into the EMR.

#### Post-Condition

IPV order entered in patient record. User notified of history of adverse reaction to IPV (febrile seizures).

#### Test Objectives

**Enter Vaccination Order:** The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

**Notify of Previous Adverse Event:** EHRs and other clinical software systems alert providers to previous adverse events for a specific patient, in order to inform clinical decision-making when providers view an existing immunization record.

#### Evaluation Criteria

EMR Records the following order information and Alert. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Value/Text for Vaccine Type	IPV (CVX 10)
Date/Time Vaccine Refusal was recorded	Current Date
Alert	Alerts user to information about the prior febrile seizure post-IPV vaccine

**Notes**

No Note

## 2.2.2. IPV Parental Refusal

Test Step Type: SUT\_MANUAL

Documents mother's refusal for IPV vaccine indicating the parent decision, the reason and documents a deferral.

### Test Story

#### Description

The mother is concerned about administering the IPV due to the prior adverse reaction and refuses to have the child immunized for IPV. The provider documents mother's refusal for IPV vaccine indicating the parent decision, the reason and documents a deferral at the time of attempted administration.

#### Comments

No Comments

#### Pre-condition

Prior Immunization History loaded and reconciled from the Immunization Registry. Order is entered for IPV. Provider has been alerted to prior adverse reaction to IPV of febrile seizures.

#### Post-Condition

Vaccine non-administration due to parental refusal is documented in the patient record. Deferral is recorded.

#### Test Objectives

**Record Vaccine Administration Deferral:** The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.

#### Evaluation Criteria

EMR documents the non-administration of the IPV due to the parental refusal. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Substance/Treatment Refusal Reason	Parental decision (NIP002 00)
Completion Status	RE
Date/Time Vaccine Deferral was recorded	Current Date
Deferral Reason	Parental decision (NIP002 00)
Deferral Status	Deferred

#### Notes

No Note

## 2.2.3. Enter Immunization Data for MMR Given 2 Weeks Prior

Test Step Type: SUT\_MANUAL

Patient History from the parent for the latest MMR vaccine that was given 2 weeks prior to the current visit? is entered into the EMR. This is a pre-condition to the attempt to enter the varicella vaccine order.

### Test Story

#### Description

The EHR vendor loads immunization history data for an MMR dose entered 2 weeks prior to the current visit date and an MMR dose that was given too early. These MMR doses serve to seed checking for the condition that it is too early to give a live vaccine in TestCaseGroup: Juana Mariana Vazquez Visit, TestCase: Juana Mariana Vazquez, Enter Orders and Immunizations, TestStep: Attempt to order Varicella Dose.

#### Comments

No Comments

#### Pre-condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez. All test steps that are part of the Query the Registry for Juana Mariana test steps are completed, including the vaccination forecasting.

#### Post-Condition

The immunization history of the MMR that was administered 2 weeks prior to the test date is loaded into the record created for Juana Mariana Vazquez.

#### Test Objectives

**Record Past Immunizations:** The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Vaccine from Practice MMR II		
Entered BY	Sandra Molina	Y
Ordering Provider	Frank Smith	Y
Entering Organization	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information source)	Historical information - from parent's written record (NIP001 03)	Y
Date/Time of Start of Administration	14 days prior to the Current Date	Y
Vaccine Administered	measles, mumps and rubella virus vaccine (CVX 03, NDC 0006-4681-00 - MMR II)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Sandra Molina	Y
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y
Lot Number	0934GG	Y
Substance Expiration Date	12/31/2020	Y
Substance Manufacturer.	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Subcutaneous (NCIT C28399, HL70162: SC)	Y
Administration Site	Left Deltoid (HL70163 LD)	Y

#### Notes

The MMR doses serve to seed checking for the condition that it is too early to give a live vaccine in TestCaseGroup: Juana Mariana Vazquez Visit, TestCase: Juana Mariana Vazquez, Enter Orders and Immunizations, TestStep: Attempt to order Varicella Dose.

## 2.2.4. Attempt to order Varicella Dose

Test Step Type: SUT\_MANUAL

No Description

### Test Story

#### Description

The provider attempts to give a Varicella dose and is warned that it is too soon to give a live vaccine dose.

#### Comments

No Comments

#### Pre-condition

Initial data load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. MMR dose entered at 14 days prior to the current date in TestCaseGroup: Juana Marian Vazquez Visit, TestCase: Juana Mariana Vazquez, Enter Immunization Data for MMR Given 2 Weeks Prior.

#### Post-Condition

The provider has been issued a warning that it is too soon to give another live virus dose.

#### Test Objectives

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

There should be a warning that the attempt to give a new Varicella Dose is too early - should get warning that 28 days must pass between 2 live virus vaccines if not administered at the same time due to the prior MMR vaccination 14 days earlier.

#### Notes

If the checking that the dose is too early is handled in the forecast logic rather than the orders interface, this is acceptable to demonstrate the capability.

It can be expressed where it is not part of the recommended forecast and showing it is not 'due' or recommended until a later date.

## 2.2.5. Order Influenza Vaccine

Test Step Type: SUT\_MANUAL

The provider selects to order Influenza vaccine.

### Test Story

#### Description

The physician accesses the record for Juana Mariana Vazquez and:

- Selects order for Influenza vaccine.

#### Comments

This order is a pre-condition to the following two steps related to recording the Influenza vaccine.

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history.  
Historical Vaccination reconciled and loaded into the EMR.

#### Post-Condition

Influenza order entered in patient record.

#### Test Objectives

**Enter Vaccination Order:** The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

#### Evaluation Criteria

EMR records the following order information. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Value/Text for Vaccine Type	Influenza, seasonal, injectable, preservative free (CVX 140, NDC 58160-0881-41)
Date/Time Vaccine was recorded	Current Date

#### Notes

No Note

## 2.2.6. Records Influenza Vaccine administration route with data validation checking

Test Step Type: SUT\_MANUAL

The provider records the vaccine administration in the EMR and is prevented from incorrectly documenting vaccine route.

### Test Story

#### Description

The nurse documents administration route for the IM inactivated influenza vaccine as 'intranasal':  
- Is prevented from documenting "intranasal" for intramuscular inactivated influenza vaccine.

#### Comments

This step covers data quality checking as an informative aspect of vaccine administration.

#### Pre-condition

Order is placed for intramuscular inactivated influenza vaccine.

#### Post-Condition

The intramuscular, inactivated influenza vaccination route has failed to be recorded as intranasal in the EMR.

#### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Sample of data quality checking for vaccine route.

#### Evaluation Criteria

The EMR prevents the user from entering 'Intranasal' as a route for the intramuscular, inactivated influenza vaccine.

#### Notes

No Note

## 2.2.7. Record Influenza Vaccine administration

Test Step Type: SUT\_MANUAL

The provider documents in the EMR all attributes associated with the new vaccine administration.

### Test Story

#### Description

The nurse administers the inactivated influenza vaccine:

- Documents all required information for the vaccine.

#### Comments

No Comments

#### Pre-condition

Order is placed for inactivated influenza vaccine.

#### Post-Condition

The inactivated influenza vaccinations is recorded in the EMR.

#### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

#### Evaluation Criteria

The tester Verifies that there is a choice for VFC stock as she is VFC Eligible. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

EMR Records the following vaccine administration information:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source (Administration Notes)	New immunization record (NIP001 00)
Value/Text for Vaccine Type	Influenza, seasonal, injectable, preservative free

Date/Time of Start of Administration	(CVX 140, NDC 58160-0881-41) Current Date
Vaccine Administered	Influenza, seasonal, injectable, preservative free (CVX 140, NDC 58160-0881-41 FLUARIX)
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	Sandra Molina
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901
Lot Number	8L4B3521
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline (SKB)
Completion Status	Completed (CP)
Route of Administration	Intramuscular (NCIT C28161, HL70162 IM)
Administration Site	Left Deltoid (HL70163 LD)
VFC Eligibility	Yes
Funding Source	Public

### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

## 2.3. Juana Mariana Vazquez Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Juana Mariana Vazquez.

### Test Story

#### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS.

#### Comments

The Report must include all newly administered vaccines in any order. The report should also include the corrected information where the EMR has different information than the IIS and may also include the information imported from the IIS.

#### Pre-condition

The vaccines for the visit have been administered.

#### Post-Condition

The IIS has received the vaccine information (Z22 message).

#### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

**Identify Adverse Event:** The EHR or other clinical software system enables capture of structured data regarding adverse events.

**Notify Public Health Immunization Registry (IIS) of Update from Adverse Event:** The EHR or other clinical software system notifies the public health immunization registry (IIS) of an update due to an adverse event.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. NDC codes, CVX for immunizations.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

Sending information updated in the EMR back to the registry is an advanced function and some registries will not accept updates.

## 2.3.1. Transmit the immunization report to the Immunization Registry

Test Step Type: SUT\_INITIATOR

The EMR send the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes all newly administered vaccines and may include historical information updated in the EMR during the visit.

### Test Story

#### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS.

#### Comments

The Report must include all newly administered vaccines in any order. the report should also include the corrected information where the EMR has different information than the IIS and may also include the information imported from the IIS.

#### Pre-condition

The vaccines for the visit have been administered.

#### Post-Condition

The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.

#### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. NDC codes, CVX for immunizations.

#### Evaluation Criteria

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

#### Notes

Sending information updated in the EMR back to the registry is an advanced function and some registries will not accept updates.

The test data anticipates that the entire vaccine history is included in the message transmitted to the registry. Due to variation in practice, it is acceptable for the message to include only new

vaccinations or only new vaccinations with updated content. The tester should document such instances, and may augment the submitted test message with such missing ‘history’ in order to run the test without error.

All NDC coded values are required to use the format that includes dashes ('-').

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190701082240-0500	
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	IIPEHRFAC	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	IPIIISFAC	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 : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Vazquez	
PID-5.2	Given Name	Juana	
PID-5.3	Second and Further Given Names or Initials Thereof	Mariana	
PID-5.7	Name Type Code	L	
PID-6	Mother's Maiden Name		
PID-6.1	Family Name		
PID-6.1.1	Surname	Acosta	Value-Test Case Fixed
PID-6.7	Name Type Code	M	Value-Test Case Fixed
PID-7	Date/Time of Birth		
PID-7.1	Time	201411011105	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	4345 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[1]	Phone Number - Home		
PID-13[1].2	Telecommunication Use Code	PRN	Value-Test Case Fixed
PID-13[1].3	Telecommunication Equipment Type	CP	Value-Test Case Fixed
PID-13[1].4	Email Address		
PID-13[1].6	Area/City Code	203	Value-Test Case Fixed
PID-13[1].7	Local Number	5551212	Value-Test Case Fixed
PID-13[2]	Phone Number - Home		
PID-13[2].2	Telecommunication Use Code	NET	Value-Test Case Fixed
PID-13[2].3	Telecommunication Equipment Type		
PID-13[2].4	Email Address	jmg@gmail.com	Value-Test Case Fixed
PID-13[2].6	Area/City Code		
PID-13[2].7	Local Number		
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		
PID-25	Birth Order		
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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		
PD1-16	Immunization Registry Status	A	
PD1-17	Immunization Registry Status Effective Date	20150701	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20150701	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Vazquez	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Merida	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	GRP	Value-Test Case Fixed
NK1-3.2	Text	Grandparent	Value-Test Case Fixed
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	4345 Standish Way	
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Value-Test Case Fixed
NK1-4.4	State or Province	CT	Value-Test Case Fixed
NK1-4.5	Zip or Postal Code	06903	Value-Test Case Fixed
NK1-4.6	Country		
NK1-4.7	Address Type	L	
NK1-5[1]	Phone Number		
NK1-5[1].2	Telecommunication Use Code	PRN	Value-Test Case Fixed
NK1-5[1].3	Telecommunication Equipment Type	PH	Value-Test Case Fixed
NK1-5[1].4	Email Address		
NK1-5[1].6	Area/City Code	203	Value-Test Case Fixed
NK1-5[1].7	Local Number	5551212	Value-Test Case Fixed
NK1-5[2]	Phone Number		
NK1-5[2].2	Telecommunication Use Code	NET	Value-Test Case Fixed
NK1-5[2].3	Telecommunication Equipment Type		
NK1-5[2].4	Email Address	jmg@gmail.com	Value-Test Case Fixed
NK1-5[2].6	Area/City Code		
NK1-5[2].7	Local Number		

## ORC[\*]

## ORC : Common Order

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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J	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	Smith	
ORC-12.3	Given Name	F	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J	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	Smith	
ORC-12.3	Given Name	F	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Rodriguez	
ORC-12.3	Given Name	J	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Rodriguez	
ORC-12.3	Given Name	J	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	Presence-Content Indifferent
ORC-12.3	Given Name	Frank	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	
ORC-12.13	Identifier Type Code		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Smith	
ORC-12.3	Given Name	F	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Ricci	
ORC-12.3	Given Name	Gina	
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	Presence-Content Indifferent
ORC-12.3	Given Name	Frank	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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	OP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	
ORC-10.3	Given Name	J	
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	Herrera	
ORC-12.3	Given Name	Carlos	
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	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

## RXA[\*]

## RXA : Pharmacy/Treatment Administration

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	20141101	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6332FK33	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151214	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20141220	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	hepatitis B vaccine, unspecified formulation	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	Historical information - source unspecified	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6352FK1	Value-Test Case Fixed
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20141231	Value-Test Case Fixed
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150520	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6352FK24	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160831	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	107	Value-Test Case Fixed
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D409QS2341	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151130	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D409QS2433	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150904	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D409QS3255	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151201	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160221	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D409QS249	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160301	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181120	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	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	Presence-Content Indifferent
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	Casera	
RXA-10.3	Given Name	Linda	
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	D643QS8243	Indifferent
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181201	Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	Indifferent
RXA-17.2	Text	Sanofi Pasteur Inc	Indifferent
RXA-17.3	Name of Coding System	MVX	Indifferent
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 : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	7M54K9245	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150324	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	7M55K3342	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151030	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	7M75K4566	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150523	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151121	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	7M53K5534	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160222	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	poliovirus vaccine, inactivated	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D333PV2431	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151004	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	poliovirus vaccine, inactivated	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D333PV4344	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160323	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160221	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	poliovirus vaccine, inactivated	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	Presence-Content Indifferent
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	Casera	
RXA-10.3	Given Name	Linda	
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	D335PV9644	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160422	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	poliovirus vaccine, inactivated	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	00	Value-Test Case Fixed
RXA-18.2	Text	Parental decision	Presence-Content Indifferent
RXA-18.3	Name of Coding System	NIP002	Value-Test Case Fixed
RXA-20	Completion Status	RE	Value-Test Case Fixed
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	P243V3281	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150130	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	P343V8321	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150330	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150522	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	P853V2164	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150830	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160111	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	pneumococcal conjugate vaccine, 13 valent	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	P853V58532	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160418	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	119	Value-Test Case Fixed
RXA-5.2	Text	rotavirus, live, monovalent 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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6359RV533	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150215	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150323	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	119	Value-Test Case Fixed
RXA-5.2	Text	rotavirus, live, monovalent 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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6359RV932	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20150510	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150925	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.25	
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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D8043IN8734	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160725	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151029	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.25	
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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D8043IN8746	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160312	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161002	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	.25	
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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D9334IN9333	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20170522	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20171104	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza, injectable,quadrivalent, preservative free, pediatric	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.25	
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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	D9553IN2243	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20180430	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181015	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	140	Value-Test Case Fixed
RXA-5.2	Text	Influenza, seasonal, 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	03	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from parent's written record	Presence-Content Indifferent
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	Ricci	
RXA-10.3	Given Name	Gina	
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	Indifferent
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181230	Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	Indifferent
RXA-17.2	Text	GlaxoSmithKline	Indifferent
RXA-17.3	Name of Coding System	MVX	Indifferent
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	140	Value-Test Case Fixed
RXA-5.2	Text	Influenza, seasonal, 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	00	Value-Test Case Fixed
RXA-9.2	Text	New immunization record	Value-Test Case Fixed
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	Molina	Presence-Content Indifferent
RXA-10.3	Given Name	Sandra	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	8L4B3521	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	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline	Value-Test Case Fixed
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20151123	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	83	Value-Test Case Fixed
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6359RT33	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160104	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20160523	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	83	Value-Test Case Fixed
RXA-5.2	Text	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	6359RT48	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20160911	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20150822	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	03	Value-Test Case Fixed
RXA-5.2	Text	measles, mumps, rubella 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	Historical information - source unspecified	Presence-Content Indifferent
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	Molina	
RXA-10.3	Given Name	Sandra	
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	0853CC	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20151215	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181122	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	03	Value-Test Case Fixed
RXA-5.2	Text	measles, mumps, rubella 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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	0854FF	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190413	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191015	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	03	Value-Test Case Fixed
RXA-5.2	Text	measles, mumps, rubella 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	03	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from parent's written record	Presence-Content Indifferent
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	Molina	
RXA-10.3	Given Name	Sandra	
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	0934GG	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20201231	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp \T\ Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20161215	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	21	Value-Test Case Fixed
RXA-5.2	Text	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	08	Value-Test Case Fixed
RXA-9.2	Text	Historical information - from public agency	Presence-Content Indifferent
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	Martinez	
RXA-10.3	Given Name	J	
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	2341BB	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20171201	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp	
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	
RXA-21	Action Code - RXA	A	

**RXR[\*]****RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	Indifferent
RXR-1.2	Text	Intramuscular	Indifferent
RXR-1.3	Name of Coding System	NCIT	Indifferent
RXR-2	Administration Site		
RXR-2.1	Identifier	RT	Value-Test Case Fixed
RXR-2.2	Text	Right Thigh	Presence-Content Indifferent
RXR-2.3	Name of Coding System	HL70163	Value-Test Case Fixed

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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 : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	Indifferent
RXR-1.2	Text	Intramuscular	Indifferent
RXR-1.3	Name of Coding System	NCIT	Indifferent
RXR-2	Administration Site		
RXR-2.1	Identifier		
RXR-2.2	Text		
RXR-2.3	Name of Coding System		

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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		
RXR-2.2	Text		
RXR-2.3	Name of Coding System		

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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	

**OBX[\*]****OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	31044-1	
OBX-3.2	Text	Reaction	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC12	
OBX-5.2	Text	fever of >40.5C (105F) within 48 hours of dose	
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	20160221	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	69764-9	Indifferent
OBX-3.2	Text	Document Type	Indifferent
OBX-3.3	Name of Coding System	LN	Indifferent
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300010311150807	Indifferent
OBX-5.2	Text	Influenza Vaccine - Inactivated VIS	
OBX-5.3	Name of Coding System	cdccgs1vis	
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	20200630	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	VIS Presentation Date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20181031	Presence-Content Indifferent
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	V02	Value-Test Case Fixed
OBX-5.2	Text	VFC eligible-Medicaid/Medicaid Managed Care	Presence-Content Indifferent
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification**

## Patient Information

Element	Data
Patient Name	Juana Mariana Vazquez
Mother's Maiden Name	Maria Acosta
ID Number	123456 987633
Date/Time of Birth	11/01/2014 11:05
Administrative Sex	Female
Patient Address	4345 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1212
Email	jmg@gmail.com
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	07/01/2015
Publicity Code	Reminder/Recall - any method
Publicity Code Effective Date	07/01/2015
Protection Indicator	No
Protection Indicator Effective Date	

## Guardian or Responsible Party

Element	Data
Name	Joanna Merida Vazquez
Relationship	Grandparent
Address	4345 Standish Way Stamford CT 06903
Phone Number	(203)555-1212
Phone Number	

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
Date/Time Start of Administration	11/01/2014
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6332FK33
Substance Expiration Date	12/14/2015
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

### Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	12/20/2014
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - source unspecified
Administering Provider	J Martinez
Substance Lot Number	6352FK1
Substance Expiration Date	12/31/2014
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
Date/Time Start of Administration	05/20/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6352FK24
Substance Expiration Date	08/31/2016
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Date/Time Start of Administration	01/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D409QS2341
Substance Expiration Date	11/30/2015
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis
Date/Time Start of Administration	03/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D409QS2433
Substance Expiration Date	09/04/2015
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis
Date/Time Start of Administration	05/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D409QS3255
Substance Expiration Date	12/01/2015
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis
Date/Time Start of Administration	02/21/2016
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D409QS249
Substance Expiration Date	03/01/2016
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis
Date/Time Start of Administration	11/20/2018
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from other provider
Administering Provider	Linda Casera
Substance Lot Number	D643QS8243
Substance Expiration Date	12/01/2018
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	J Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Haemophilus influenzae type b vaccine, PRP-OMP conjugate
Date/Time Start of Administration	01/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	7M54K9245
Substance Expiration Date	03/24/2015
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	Haemophilus influenzae type b vaccine, PRP-OMP conjugate
Date/Time Start of Administration	03/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	7M55K3342
Substance Expiration Date	10/30/2015
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	Haemophilus influenzae type b vaccine, PRP-OMP conjugate
Date/Time Start of Administration	05/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	7M75K4566
Substance Expiration Date	05/23/2015
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	Haemophilus influenzae type b vaccine, PRP-OMP conjugate
Date/Time Start of Administration	11/21/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	7M53K5534
Substance Expiration Date	02/22/2016
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	poliovirus vaccine, inactivated
Date/Time Start of Administration	01/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D333PV2431
Substance Expiration Date	10/04/2015
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	poliovirus vaccine, inactivated
Date/Time Start of Administration	03/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D333PV4344
Substance Expiration Date	03/23/2016
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	poliovirus vaccine, inactivated
Date/Time Start of Administration	02/21/2016
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from other provider
Administering Provider	Linda Casera
Substance Lot Number	D335PV9644
Substance Expiration Date	04/22/2016
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	J Rodriguez

Element	Data
Reaction	fever of >40.5C (105F) within 48 hours of dose

## Vaccine Administration Information

Element	Data
Administered Vaccine	poliovirus vaccine, inactivated
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	Parental decision
Completion Status	Refused
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	pneumococcal conjugate vaccine, 13 valent
Date/Time Start of Administration	01/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	P243V3281
Substance Expiration Date	01/30/2015
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	pneumococcal conjugate vaccine, 13 valent
Date/Time Start of Administration	03/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	P343V8321
Substance Expiration Date	03/30/2015
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	pneumococcal conjugate vaccine, 13 valent
Date/Time Start of Administration	05/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	P853V2164
Substance Expiration Date	08/30/2015
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	pneumococcal conjugate vaccine, 13 valent
Date/Time Start of Administration	01/11/2016
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	P853V58532
Substance Expiration Date	04/18/2016
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	rotavirus, live, monovalent vaccine
Date/Time Start of Administration	01/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6359RV533
Substance Expiration Date	02/15/2015
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	rotavirus, live, monovalent vaccine
Date/Time Start of Administration	03/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6359RV932
Substance Expiration Date	05/10/2015
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	F Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, injectable,quadrivalent, preservative free, pediatric
Date/Time Start of Administration	09/25/2015
Administered Amount	0.25
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D8043IN8734
Substance Expiration Date	07/25/2016
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, injectable,quadrivalent, preservative free, pediatric
Date/Time Start of Administration	10/29/2015
Administered Amount	0.25
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D8043IN8746
Substance Expiration Date	03/12/2016
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, injectable, quadrivalent, preservative free, pediatric
Date/Time Start of Administration	10/02/2016
Administered Amount	.25
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D9334IN9333
Substance Expiration Date	05/22/2017
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, injectable, quadrivalent, preservative free, pediatric
Date/Time Start of Administration	11/04/2017
Administered Amount	0.25
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	D9553IN2243
Substance Expiration Date	04/30/2018
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, seasonal, injectable, preservative Free
Date/Time Start of Administration	10/15/2018
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from parent's written record
Administering Provider	Gina Ricci
Substance Lot Number	8L4B3423
Substance Expiration Date	12/30/2018
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Gina Ricci

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, seasonal, injectable, preservative Free
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	New immunization record
Administering Provider	Sandra Molina
Substance Lot Number	8L4B3521
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Document Type	Influenza Vaccine - Inactivated VIS
VIS Presentation Date	10/31/2018
vaccine fund pgm elig cat	VFC eligible-Medicaid/Medicaid Managed Care
Vaccine funding source	Public

## Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule
Date/Time Start of Administration	11/23/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6359RT33
Substance Expiration Date	01/04/2016
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule
Date/Time Start of Administration	05/23/2016
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	6359RT48
Substance Expiration Date	09/11/2016
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	measles, mumps, rubella virus vaccine
Date/Time Start of Administration	08/22/2015
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - source unspecified
Administering Provider	Sandra Molina
Substance Lot Number	0853CC
Substance Expiration Date	12/15/2015
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Thigh
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	measles, mumps, rubella virus vaccine
Date/Time Start of Administration	11/22/2018
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	0854FF
Substance Expiration Date	04/13/2019
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## Vaccine Administration Information

Element	Data
Administered Vaccine	measles, mumps, rubella virus vaccine
Date/Time Start of Administration	10/15/2019
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from parent's written record
Administering Provider	Sandra Molina
Substance Lot Number	0934GG
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	Merck Sharp \T\ Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

## Vaccine Administration Information

Element	Data
Administered Vaccine	varicella virus vaccine
Date/Time Start of Administration	12/15/2016
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	J Martinez
Substance Lot Number	2341BB
Substance Expiration Date	12/01/2017
Substance Manufacturer Name	Merck Sharp and Dohme Corp
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Right Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J Martinez
Ordered By	Carlos Herrera

## 2.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

### Test Story

<b>Description</b>
The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
<b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
<b>Evaluation Criteria</b>
The acknowledgement message is consumed by the system responsible for the content of the administration message without error. This is not typically part of the user interface, so this may be demonstrated through back-end evidence.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190224073734.034-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-1.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-AD-1.1_Send_V04_Z22	

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

### 2.3.3. Record an adverse reaction

Test Step Type: SUT\_MANUAL

The Provider records in the EMR an adverse reaction of rash within 14 days of dose.

#### Test Story

##### Description

Following the vaccine administration, the mother reports that the patient had a rash within 14 days of dose.

##### Comments

No Comments

##### Pre-condition

The vaccinations for the visit have been administered.

##### Post-Condition

The adverse reaction to the Influenza vaccination of rash within 14 days of dose is recorded in the EMR.

##### Test Objectives

**Identify Adverse Event:** The EHR or other clinical software system enables capture of structured data regarding adverse events.

Support for:

**Notify Public Health Immunization Registry (IIS) of Update from Adverse Event:** The EHR or other clinical software system notifies the public health immunization registry (IIS) of an update due to an adverse event.

##### Evaluation Criteria

Verify that vendor can record the adverse reaction to the Influenza vaccination of rash within 14 days of dose correctly and without omission (VXC14). The coded value is not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions.

If the vendor is unable to record the concept (VXC14) using the CDCPHINVS coding system to convey this reaction to the registry, the vendor may specify the reaction using SNOMED-CT or Narrative Text. This should be recorded as passing, but with a notable exception documented.

##### Notes

Adverse Reactions may be documented with SNOMED-CT or as a narrative note. These two approaches may be considered passing with notable exception. The approach that is used instead of the value set PHVS\_VaccinationReaction\_IIS 2.16.840.1.114222.4.11.3289 should be documented in the tester notes.

The test data anticipates that the entire vaccine history is included in the message transmitted to the registry. Due to variation in practice, it is acceptable for the message to include only the record

with the adverse reaction. The tester should document such instances and may augment the submitted test message with such missing ‘history’ in order to run the test without error.

## 2.3.4. Transmit the updated vaccination report with adverse reaction to the registry

Test Step Type: SUT\_INITIATOR

The EMR generates a Z22 Send Unsolicited Immunization Update Using a VXU correctly and without omission according to supplied test data.

### Test Story

<b>Description</b> The adverse reaction to the Influenza vaccination of rash within 14 days of dose is reported to the Immunization Registry using a Z22/VXU message.
<b>Comments</b> No Comments
<b>Pre-condition</b> An adverse reaction to the Influenza vaccination of rash within 14 days of dose is recorded in the EMR.
<b>Post-Condition</b> The adverse reaction has been transmitted to the IIS.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  <b>Identify Adverse Event:</b> The EHR or other clinical software system enables capture of structured data regarding adverse events.  <b>Notify Public Health Immunization Registry (IIS) of Update from Adverse Event:</b> The EHR or other clinical software system notifies the public health immunization registry (IIS) of an update due to an adverse event.  <b>Link Standard Codes to Immunization Data:</b> The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization. a. NDC codes, CVX for immunizations.
<b>Evaluation Criteria</b> The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.
<b>Notes</b>

The tester verifies that the message includes 'U' in RXA 21 for the Influenza vaccine.

## Message Contents

**MSH : Message Header**

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	20180701082240-0500	
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	IPIEHRFAC	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	IPIIISFAC	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 : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Vazquez	
PID-5.2	Given Name	Juana	
PID-5.3	Second and Further Given Names or Initials Thereof	Mariana	
PID-5.7	Name Type Code	L	
PID-6	Mother's Maiden Name		
PID-6.1	Family Name		
PID-6.1.1	Surname	Acosta	Value-Test Case Fixed
PID-6.7	Name Type Code	M	Value-Test Case Fixed
PID-7	Date/Time of Birth		
PID-7.1	Time	201311011105	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	4345 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[1]	Phone Number - Home		
PID-13[1].2	Telecommunication Use Code	PRN	Value-Test Case Fixed
PID-13[1].3	Telecommunication Equipment Type	CP	Value-Test Case Fixed
PID-13[1].4	Email Address		
PID-13[1].6	Area/City Code	203	Value-Test Case Fixed
PID-13[1].7	Local Number	5551212	Value-Test Case Fixed
PID-13[2]	Phone Number - Home		
PID-13[2].2	Telecommunication Use Code	NET	Value-Test Case Fixed
PID-13[2].3	Telecommunication Equipment Type		
PID-13[2].4	Email Address	jmg@gmail.com	Value-Test Case Fixed
PID-13[2].6	Area/City Code		
PID-13[2].7	Local Number		
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 PID-24	Name of Coding System Multiple Birth Indicator	CDCREC	Value-Test Case Fixed
PID-25	Birth Order		
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

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		
PD1-16	Immunization Registry Status	A	
PD1-17	Immunization Registry Status Effective Date	20140701	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20140701	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Vazquez	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Merida	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	GRP	Value-Test Case Fixed
NK1-3.2	Text	Grandparent	Value-Test Case Fixed
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	4345 Standish Way	
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Value-Test Case Fixed
NK1-4.4	State or Province	CT	Value-Test Case Fixed
NK1-4.5	Zip or Postal Code	06903	Value-Test Case Fixed
NK1-4.6	Country		
NK1-4.7	Address Type	L	
NK1-5[1]	Phone Number		
NK1-5[1].2	Telecommunication Use Code	PRN	Value-Test Case Fixed
NK1-5[1].3	Telecommunication Equipment Type	PH	Value-Test Case Fixed
NK1-5[1].4	Email Address		
NK1-5[1].6	Area/City Code	203	Value-Test Case Fixed
NK1-5[1].7	Local Number	5551212	Value-Test Case Fixed
NK1-5[2]	Phone Number		
NK1-5[2].2	Telecommunication Use Code	NET	
NK1-5[2].3	Telecommunication Equipment Type		
NK1-5[2].4	Email Address	jmg@gmail.com	
NK1-5[2].6	Area/City Code		
NK1-5[2].7	Local Number		

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181031	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	140	Value-Test Case Fixed
RXA-5.2	Text	Influenza, seasonal, 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	01	Value-Test Case Fixed
RXA-9.2	Text	Historical information - source unspecified	Presence-Content Indifferent
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	Molina	
RXA-10.3	Given Name	Sandra	
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	8L4B3521	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191231	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	
RXA-17.2	Text	GlaxoSmithKline	
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	
RXA-21	Action Code - RXA	U	

**RXR : Pharmacy/Treatment Route**

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 : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	31044-1	
OBX-3.2	Text	Reaction	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC14	
OBX-5.2	Text	Rash within 14 days of dose	
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	20181031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification**

## Patient Information

Element	Data
Patient Name	Juana Mariana Vazquez
Mother's Maiden Name	Maria Acosta
ID Number	123456 987633
Date/Time of Birth	11/01/2013 11:05
Administrative Sex	Female
Patient Address	4345 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1212
Email	jmg@gmail.com
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	07/01/2014
Publicity Code	Reminder/Recall - any method
Publicity Code Effective Date	07/01/2014
Protection Indicator	No
Protection Indicator Effective Date	

## Guardian or Responsible Party

Element	Data
Name	Joanna Merida Vazquez
Relationship	Grandparent
Address	4345 Standish Way Stamford CT 06903
Phone Number	(203)555-1212
Phone Number	

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, seasonal, injectable, preservative Free
Date/Time Start of Administration	10/31/2018
Administered Amount	0.5
Administered Units	
Administration Notes	Historical information - source unspecified
Administering Provider	Sandra Molina
Substance Lot Number	8L4B3521
Substance Expiration Date	12/31/2019
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Update
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Reaction	Rash within 14 days of dose

## 2.3.5. Receive ACK Z23 from Immunization Registry for Updated Transmission

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

### Test Story

<b>Description</b> The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.
<b>Comments</b> No Comments
<b>Pre-condition</b> A VXU message is generated by the EHR.
<b>Post-Condition</b> The ACK Z23 is received by the EHR.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
<b>Evaluation Criteria</b> The acknowledgement message is consumed by the system responsible for the content of the administration message without error. This is not typically part of the user interface, so this may be demonstrated through back-end evidence.
<b>Notes</b> <b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190224073734.034-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-1.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-AD-1.1_Send_V04_Z22	

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

## 2.4. Juana Mariana Vazquez Display Immunization Report

Produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

### Test Story

#### Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

#### Comments

No Comments

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

#### Post-Condition

The patient/parent has been provided a patient immunization history report.

#### Test Objectives

**Produce Standard Patient Immunization History Report:** The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

**Produce Immunization Forecast Report:** The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 2.4.1. Produce an immunization report for Juana Mariana Vazquez including all history

Test Step Type: SUT\_MANUAL

The EMR is used to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

### Test Story

#### Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

#### Comments

No Comments

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

#### Post-Condition

The patient/parent has been provided a patient immunization history report.

#### Test Objectives

**Produce Standard Patient Immunization History Report:** The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

**Produce Immunization Forecast Report:** The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

#### Evaluation Criteria

The following patient demographics are displayed:

Patient Identifier Number:	Vendor Assigned
Patient Identifier Type Code:	Vendor Assigned
Patient Name:	Juana Mariana Vazquez
Date/Time of Birth:	11/01/2014 11:05am
Sex:	Female
Patient Address:	4345 Standish Way, Stamford, CT, 06903
Multiple Birth:	N
Birth Order:	NA

The following Vaccination History is displayed:

Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	11/01/2014
Additional Observations:	None
Dose #:	1
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Jane Carter
Entered By:	Lisa Sirtis
Entering Organization:	Shoreline Hospital
Administered Amt:	.05 mL
Administering Provider:	Jane Carter
Administered at Location:	325 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6332FK33
Exp Date:	12/14/2014
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	12/20/2014
Additional Observations:	None
Dose #:	2
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6352FK1
Exp Date:	12/31/2014
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	05/20/2015
Additional Observations:	None
Dose #:	3
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina

Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6352FK24
Exp Date:	8/31/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	1/22/2015
Additional Observations:	None
Dose #:	1
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS2341
Exp Date:	11/30/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)
Date Administered:	3/23/2015
Additional Observations:	None
Dose #:	2
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS2433
Exp Date:	9/4/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	5/22/2015

Additional Observations:	None
Dose #:	3
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS3255
Exp Date:	12/1/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	2/21/2016
Additional Observations:	None
Dose #:	4
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS249
Exp Date:	3/1/2016
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	11/20/2018
Additional Observations:	None
Dose #:	5
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	J. Rodriguez
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Linda Casera
Administered at Location:	4253 Standish Way, Stamford Connecticut 06903
Lot#:	D643QS8243

Exp Date:	12/01/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	1/22/2014
Additional Observations:	None
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M54K9245
Exp Date:	3/24/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	3/23/2015
Additional Observations:	None
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M55K3342
Exp Date:	10/30/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	5/22/2015
Additional Observations:	
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera

Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M75K4566
Exp Date:	5/23/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	11/21/2015
Additional Observations:	
Dose #:	4
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M53K5534
Exp Date:	2/22/2016
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)
Date Administered:	1/22/2015
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D333PV2431
Exp Date:	10/4/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)

Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D333PV4344
Exp Date:	3/23/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)
Date Administered:	2/21/2016
Additional Observations:	
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D335PV9644
Exp Date:	4/22/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	1/22/2014
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P243V3281
Exp Date:	1/30/2014

Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P343V8321
Exp Date:	3/30/2015
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	5/22/2015
Additional Observations:	
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P853V2164
Exp Date:	8/30/2015
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	1/11/2016
Additional Observations:	
Dose #:	4
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez

Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P853V58532
Exp Date:	4/18/2016
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	rotavirus, unspecified formulation
Administered:	rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52)"
Date Administered:	1/22/2015
Additional Observations:	
Dose #:	1
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	1 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RV533
Exp Date:	2/15/2015
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	rotavirus, unspecified formulation
Administered:	rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52)"
Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	1 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RV932
Exp Date:	5/10/2015
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 LT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	9/25/2015

<u>Additional Observations:</u>	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
Exp Date:	3/12/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	10/29/2015
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
Exp Date:	3/12/2016
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	10/2/2016
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D9334IN9333
Exp Date:	5/22/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)

Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	11/4/2017
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D9553IN2243
Exp Date:	4/30/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable, preservative Free (CVX 140) Fluvirin (NDC 66521-0118-02)
Date Administered:	10/15/2018
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.5 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	8L4B3423
Exp Date:	12/30/2018
Manufacturer:	Novartis (MVX NOV)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable, preservative Free (CVX 140) Fluvirin (66521-0118-02)
Date Administered:	Current Date
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics

Administered Amt:	.5 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	8L4B3521
Exp Date:	12/31/2020
Manufacturer:	Novartis (MVX NOV)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Hep A, unspecified formulation
Administered:	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52)"
Date Administered:	11/23/2015
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT33
Exp Date:	1/4/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Deltoid (HL7 RD)
Vaccine Group:	Hep A, unspecified formulation
Administered:	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52)"
Date Administered:	5/23/2016
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT48
Exp Date:	9/11/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 0006-4681-00)"
Date Administered:	08/22/2015
Additional Observations:	

Dose #:	
Doses in Series:	2
Valid Dose:	N
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	0853CC
Exp Date:	12/15/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 0006-4681-00)"
Date Administered:	11/22/2018
Additional Observations:	Invalid because it was given too soon
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	0854FF
Exp Date:	4/13/2019
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 0006-4681-00)"
Date Administered:	14 days PRIOR to day of TEST
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Sandra Molina
Entered By:	Frank Smith
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	0934GG
Exp Date:	12/31/2020
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)

Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Varicella
Administered:	Varicella vaccine (CVX 21) VarivaxI (NDC 0006-4827-00)"
Date Administered:	12/15/2016
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	J. Martinez
Entered By:	Carlos Herrera
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	2341BB
Exp Date:	12/1/2017
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	IPV
Due Date:	10/31/2018
Earliest Date to Give:	10/31/2018
Overdue Date:	10/31/2020
Immunization Schedule:	ACIP
Vaccine Group:	varicella
Due Date:	10/31/2018
Earliest Date to Give:	10/31/2018
Overdue Date:	10/31/2020
Immunization Schedule:	ACIP

### Notes

The immunization report may provide a subset of demographic information sufficient to identify the patient. Any demographic information included should be evaluated against the listed demographic information for accuracy.

The immunization report does not need to display all of the information listed in the evaluation criteria for each vaccination, but they do need to produce the complete list of vaccines given and the date.

The tester is requested to document separately the success or failure of the Immunization History and the Immunization forecast as these two requirements are tested concurrently.

Influenza vaccine should be due between September and October of the flue season, which may show as the prior year to testing or the year of testing.

## 2.5. Juana Mariana Vazquez Provide Patient Access to Immunization Report

Provide patient access to the immunization record for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

### Test Story

#### Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report that can be accessed by the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.) and the vaccine forecast.

#### Comments

No Comments

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

#### Post-Condition

The patient/parent has been provided access to ta patient immunization history record.

#### Test Objectives

**Produce Standard Patient Immunization History Report:** The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 2.5.1. Produce an immunization report for Juana Mariana Vazquez including all history

Test Step Type: SUT\_MANUAL

The EMR is used to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

### Test Story

#### Description

Following the vaccination visit, the patient/parent uses the specified interface to access the immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

#### Comments

No Comments

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered. The parent/patient is provided with an account to access the immunization history.

#### Post-Condition

The patient/parent has been provided a patient immunization history report.

#### Test Objectives

**Provide Access to Patient Immunization Record:** The EHR or other clinical software system provides patients and their authorized representatives with electronic access to immunization records (either directly or by interacting with an external system such as a patient portal).

#### Evaluation Criteria

Using the patient facing features (e.g. portal), show that the vaccine history can be displayed including today's vaccine/forecast:

The following patient demographics are displayed:

Patient Identifier Number:	Vendor Assigned
Patient Identifier Type Code:	Vendor Assigned
Patient Name:	Juana Mariana Vazquez
Date/Time of Birth:	11/01/2014 11:05am
Sex:	Female
Patient Address:	4345 Standish Way, Stamford, CT, 06903
Multiple Birth:	N
Birth Order:	NA

The following Vaccination History is displayed:

Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX)

	08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	11/01/2014
Additional Observations:	None
Dose #:	1
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Jane Carter
Entered By:	Lisa Sirtis
Entering Organization:	Shoreline Hospital
Administered Amt:	.05 mL
Administering Provider:	Jane Carter
Administered at Location:	325 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6332FK33
Exp Date:	12/14/2014
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	12/20/2014
Additional Observations:	None
Dose #:	2
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	6352FK1
Exp Date:	12/31/2014
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hep B Peds NOS
Administered:	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)"
Date Administered:	05/20/2015
Additional Observations:	None
Dose #:	3
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901

Lot#:	6352FK24
Exp Date:	8/31/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	1/22/2015
Additional Observations:	None
Dose #:	1
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS2341
Exp Date:	11/30/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)
Date Administered:	3/23/2015
Additional Observations:	31044-1 Reaction, VXC12^fever of >40.5C (105F) within 48 hours of dose
Dose #:	2
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS2433
Exp Date:	9/4/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	5/22/2015

Additional Observations:	
Dose #:	3
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS3255
Exp Date:	12/1/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	2/21/2016
Additional Observations:	
Dose #:	4
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D409QS249
Exp Date:	3/1/2016
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified
Administered:	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)"
Date Administered:	11/20/2018
Additional Observations:	
Dose #:	5
Doses in Series:	5
Valid Dose:	Y
Ordering Provider:	J. Rodriguez
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Linda Casera
Administered at Location:	4253 Standish Way, Stamford Connecticut 06903
Lot#:	D643QS8243

Exp Date:	12/01/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	1/22/2015
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M54K9245
Exp Date:	3/24/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M55K3342
Exp Date:	10/30/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	5/22/2015
Additional Observations:	
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera

Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M75K4566
Exp Date:	5/23/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	Hib, unspecified formulation
Administered:	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)"
Date Administered:	11/21/2015
Additional Observations:	
Dose #:	4
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	7M53K5534
Exp Date:	2/22/2016
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)
Date Administered:	1/22/2015
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D333PV2431
Exp Date:	10/4/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)

Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D333PV4344
Exp Date:	3/23/2016
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	poliovirus vaccine, inactivated
Administered:	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)
Date Administered:	2/21/2016
Additional Observations:	Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS)
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D335PV9644
Exp Date:	4/22/2017
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	1/22/2014
Additional Observations:	
Dose #:	1
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P243V3281

Exp Date:	1/30/2014
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P343V8321
Exp Date:	3/30/2015
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	5/22/2015
Additional Observations:	
Dose #:	3
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P853V2164
Exp Date:	8/30/2015
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	pneumococcal, unspecified formulation
Administered:	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)"
Date Administered:	1/11/2016
Additional Observations:	
Dose #:	4
Doses in Series:	4
Valid Dose:	Y
Ordering Provider:	Carlos Herrera

Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	P853V58532
Exp Date:	4/18/2016
Manufacturer:	Pfizer, Inc (MVX PFR)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	rotavirus, unspecified formulation
Administered:	rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52)"
Date Administered:	1/22/2015
Additional Observations:	
Dose #:	1
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	1 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RV533
Exp Date:	2/15/2015
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	rotavirus, unspecified formulation
Administered:	rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52)"
Date Administered:	3/23/2015
Additional Observations:	
Dose #:	2
Doses in Series:	3
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	1 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RV932
Exp Date:	5/10/2015
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"

Date Administered:	9/25/2015
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
Exp Date:	3/12/2015
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	10/29/2015
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D8043IN8734
Exp Date:	3/12/2016
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Thigh (HL7 RT)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	10/2/2016
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D9334IN9333
Exp Date:	5/22/2017

Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)"
Date Administered:	11/4/2017
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.25 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	D9553IN2243
Exp Date:	4/30/2018
Manufacturer:	Sanofi Pasteur Inc (MVX PMC)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable, preservative Free (CVX 140) Fluvirin (NDC 66521-0118-02)
Date Administered:	10/15/2018
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina
Entering Organization:	Shoreline Pediatrics
Administered Amt:	.5 mL
Administering Provider:	J. Martinez
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	8L4B3423
Exp Date:	12/30/2018
Manufacturer:	Novartis (MVX NOV)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	influenza, unspecified formulation
Administered:	Influenza, seasonal, injectable, preservative Free (CVX 140) Fluvirin (66521-0118-02)
Date Administered:	Current Date
Additional Observations:	
Dose #:	
Doses in Series:	
Valid Dose:	
Ordering Provider:	Frank Smith
Entered By:	Sandra Molina

Entering Organization:	Shoreline Pediatrics
Administered Amt:	.5 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	8L4B3521
Exp Date:	12/31/2020
Manufacturer:	Novartis (MVX NOV)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Hep A, unspecified formulation
Administered:	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52)"
Date Administered:	11/23/2015
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT33
Exp Date:	1/4/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Right Deltoid (HL7 RD)
Vaccine Group:	Hep A, unspecified formulation
Administered:	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-52)"
Date Administered:	5/23/2016
Additional Observations:	
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	6359RT48
Exp Date:	9/11/2016
Manufacturer:	GlaxoSmithKline Biologicals SA (MVX SKB)
Route:	Intramuscular (NCIT C28161, HL70162: IM)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 0006-4681-00)"
Date Administered:	08/22/2015

<u>Additional Observations:</u>	
Dose #:	
Doses in Series:	2
Valid Dose:	N
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	0853CC
Exp Date:	12/15/2015
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Thigh (HL7 LT)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (0006-4681-00)"
Date Administered:	11/22/2018
Additional Observations:	
Dose #:	1
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Carlos Herrera
Entered By:	J. Martinez
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	J. Martinez
Administered at Location:	333 Oceanview Lane, Stamford Connecticut 06901
Lot#:	0854FF
Exp Date:	4/13/2019
Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	MMR
Administered:	measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 0006-4681-00)"
Date Administered:	14 days PRIOR to day of TEST
Additional Observations:	Reaction (LOINC 31044-1)/fever of >40.5C (105F) within 48 hours of dose (CDCPHINVS XC12)
Dose #:	2
Doses in Series:	2
Valid Dose:	Y
Ordering Provider:	Sandra Molina
Entered By:	Frank Smith
Entering Organization:	Oceanview Pediatrics
Administered Amt:	.05 mL
Administering Provider:	Sandra Molina
Administered at Location:	400 Shoreline Drive, Stamford Connecticut 06901
Lot#:	0934GG
Exp Date:	12/31/2020

Manufacturer:	Merck Sharp & Dohme Corp (MVX MSD)
Route:	Subcutaneous (NCIT C38299, HL70162: SC)
Site:	Left Deltoid (HL7 LD)
Vaccine Group:	Varicella
Administered:	Varicella vaccine (CVX 21) VarivaxI (NDC 0006-4827-00)"
Date Administered:	12/15/2016
Additional Observations:	1
Dose #:	2
Doses in Series:	Y
Valid Dose:	J. Martinez
Ordering Provider:	Carlos Herrera
Entered By:	Oceanview Pediatrics
Entering Organization:	.05 mL
Administered Amt:	J. Martinez
Administering Provider:	333 Oceanview Lane, Stamford Connecticut 06901
Administered at Location:	2341BB
Lot#:	12/1/2017
Exp Date:	Merck Sharp & Dohme Corp (MVX MSD)
Manufacturer:	Subcutaneous (NCIT C38299, HL70162: SC)
Route:	Left Deltoid (HL7 LD)
Site:	Varicella
Vaccine Group:	Varicella
Administered:	Varicella vaccine (CVX 21) VarivaxI (NDC 0006-4827-00)"
Date Administered:	12/15/2016
Additional Observations:	1
Dose #:	2
Doses in Series:	Y
Valid Dose:	J. Martinez
Ordering Provider:	Carlos Herrera
Entered By:	Oceanview Pediatrics
Entering Organization:	.05 mL
Administered Amt:	J. Martinez
Administering Provider:	333 Oceanview Lane, Stamford Connecticut 06901
Administered at Location:	2341BB
Lot#:	12/1/2016
Exp Date:	Merck Sharp & Dohme Corp (MVX MSD)
Manufacturer:	Subcutaneous (NCIT C38299, HL70162: SC)
Route:	Left Deltoid (HL7 LD)
Site:	Varicella
Vaccine Group:	IPV
Due Date:	10/31/2018
Earliest Date to Give:	10/31/2018
Overdue Date:	10/31/2020
Immunization Schedule:	ACIP
Vaccine Group:	influenza, unspecified formulation
Due Date:	10/21/2019
Earliest Date to Give:	9/1/2019
Overdue Date:	NA
Immunization Schedule:	ACIP
Vaccine Group:	varicella

Earliest Date to Give:	10/31/2018
Overdue Date:	10/31/2020
Immunization Schedule:	ACIP

### Notes

If the same immunization report verified in TestCase 4 for Juana Mariana Vazquez is used for the patient access to the immunization record, then content verification does not need to be repeated.

Influenza vaccine should be due between September and October of the flu season, which may show as the prior year to testing or the year of testing.

Also, since MMR was given 2 weeks prior, forecasting of immunizations due may be adjusted by the vendor forecast to account for the requirement there must be at least 28 days between immunizations using a live virus. Tester should document incidences where the forecast is adjusted or annotated as a result of this requirement.

### **3. Juan Marcel Marina Visit**

Juan Marcel Marina visits the provider where his immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

#### **Test Story**

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

### 3.1. Query the Registry for Juan Marcel Marina

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juan Marcel Marina.

#### Test Story

##### Description

Querying the registry will consist of the vendor creating Z44 messages for Juan Marcel Marina to be sent to the registry. The response will be processed as part of the 'Display, Reconcile, Import and Update Immunization Information' activity.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry and create a new forecast after reconciling the information.

##### Comments

No Comments

##### Pre-condition

Juan Marcel Marina is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juan Marcel Marina Initial Data Load'.

##### Post-Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

##### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

**Review Patient Immunization History:** To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Support for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

### 3.1.1. Select Patient Juan Marcel Marina

Test Step Type: SUT\_MANUAL

Select patient Juan Marcel Marina, distinguishing the patient from other patients with similar demographics (similar names).

#### Test Story

##### Description

Juan Marcel Marina is selected as the patient and his record is opened in the EMR.

##### Comments

No Comments

##### Pre-condition

Juan Marcel Marina Initial Data Load completed.

##### Post-Condition

Juan Marcel Marina is the active working patient in the EMR.

##### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

##### Evaluation Criteria

Tester shall verify that the product can distinguish Juan Marcel Gonzales from similar sounding names using all of the pediatric demographics:

Patient ID (previously listed as "Medicaid Number")	Vendor supplied
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied
Patient Name: First	Juan
Patient Name: Middle	Marcel
Patient Name: Last	Marina
Patient Date of Birth	03/04/2018
Birth Time	11:00AM
Patient Gender (Administrative Sex)	M
Patient Multiple Birth Indicator	No
Patient Birth Order	NA
Responsible Person Name: First	Manuel
Responsible Person Name: Middle	Marcel

Responsible Person Name: Last	Marina
Responsible Person Name: Relationship to Patient	Father
Mother's Name: First	Anita
Mother's Name: Middle	Francesca
Mother's Name: Last	Marina
Mother's Name: Maiden Last	Morales
Patient Address: Street	4623 Standish Way
Patient Address: City	Stamford
Patient Address: State	CT
Patient Address: Country	US
Patient Address: Zipcode	06903
Patient Address: County of Residence	Fairfield
Race	White
Ethnicity	Hispanic or Latino
Birthing Facility Name (Birth Delivery Location Address BDL)	Shoreline Hospital 325 Shoreline Drive, Stamford Connecticut 06901
Patient Birth State	CT
Patient Primary Language	English
Patient Telephone Number	(203) 555-1213
Patient Telephone Number Type (e.g., home, cell)	home
Patient E-mail Address	
Publicity Code- Reminder/recall	no calls (03 HL70215)
Protection Indicator	
Protection Indicator Effective Date	
Immunization Registry Status	
Preferred Contact Method	Text

### Notes

No Note

### 3.1.2. Query Registry for vaccination history and forecast for Juan Marcel Marina

Test Step Type: SUT\_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

#### Test Story

##### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry.

##### Comments

No Comments

##### Pre-condition

Juan Marcel Marina Initial Data Load is completed.

Juan Marcel Marina is the active working patient in the EMR.

##### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juan Marcel Marina.

##### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

##### Evaluation Criteria

Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission.

Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied.

##### Notes

No Note

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190515001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Marina	Value-Test Case Fixed
QPD-4.2	Given Name	Juan	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Marcel	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201803041100	Value-Test Case Fixed
QPD-7	Patient Sex	M	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	4623 Standish Way	Value-Test Case Fixed
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	Value-Test Case Fixed
QPD-8.4	State or Province	CT	Value-Test Case Fixed
QPD-8.5	Zip or Postal Code	06903	Value-Test Case Fixed
QPD-8.6	Country		
QPD-8.7	Address Type	L	Value-Test Case Fixed
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	Value-Test Case Fixed
QPD-9.3	Telecommunication Equipment Type	CP	Value-Test Case Fixed
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	Value-Test Case Fixed
QPD-9.7	Local Number	5551213	Value-Test Case Fixed
QPD-10	Multiple birth indicator	N	
QPD-11	Birth order		

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCP-2.1	Quantity	1	
RCP-2.2	Units		
RCP-2.2.1	Identifier	RD	
RCP-2.2.2	Text	Records	
RCP-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juan Marcel Marina
Mother's Maiden Name	Morales
ID Number	123456
Date/Time of Birth	03/04/2018 11:00
Sex	Male
Patient Address	4623 Standish Way Stamford CT 06903
Patient Phone	(203)555-1213
Birth Indicator	No
Birth Order	

### 3.1.3. View and import response to request for vaccination history for Juan Marcel Marina

Test Step Type: TA\_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR.

#### Test Story

##### Description

The physician accesses the record for Juan Marcel Marina and:

- Accepts the vaccines provided by the registry as this is a new patient and there are no prior vaccines recorded.

##### Comments

There is no reconciliation step as there are no historical immunizations in the EMR. All will be imported from the Z42 response.

##### Pre-condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

##### Post-Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juan Marcel Marina).

##### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Review Patient Immunization History:** To assist with the ordering process, the EHR or other clinical software system allows a user to specify standard views of patient immunization information for each vaccine dose administration, including patient-specific data (e.g., age on dates of administration, etc.).

Supporting data for:

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

#### Evaluation Criteria

1. The EMR displays the information returned from the Immunization Registry according to the Juror Document.
2. The user imports returned vaccinations as follows using only the vaccination, and administration dates returned from the Immunization Registry:
  - a. Vaccinations Imported:

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 3/4/2018
hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 4/15/2018
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 5/15/2018
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 7/13/2018
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 9/16/2018
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) administered 9/20/2019
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 5/14/2018
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 7/21/2018
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 9/27/2018
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) administered 5/4/2019
poliovirus vaccine, inactivated (CVX 10) administered 5/14/2018
poliovirus vaccine, inactivated (CVX 10) administered 7/21/2018
poliovirus vaccine, inactivated (CVX 10) administered 10/15/2018

pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 5/18/2018  
pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 7/21/2018

pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 9/27/2018

pneumococcal conjugate vaccine, 13 valent (CVX 133) administered 5/4/2019

rotavirus, live, monovalent vaccine (CVX 119) administered 5/18/2018

rotavirus, live, monovalent vaccine (CVX 119) administered 7/21/2018

Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) administered 9/27/2018

Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) administered 10/20/2019

measles, mumps, rubella virus vaccine (CVX 03) administered 6/20/2019

#### Notes

The EMR must minimally display the vaccine administered and the date of the immunization.

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	MYIIS	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	MyStateIIS	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	MYEHR	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	Myclinic	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191130020020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	7731029	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z42	
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	A_Clinic	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	AN	
MSH-22.10	Organization Identifier	A_Clinic1234	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	793543	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	37374859	
QAK-2	Query Response Status	OK	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Marina	
QPD-4.2	Given Name	Juan	
QPD-4.3	Second and Further Given Names or Initials Thereof	Marcel	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	
QPD-5.7	Name Type Code	L	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201803041100	
QPD-7	Patient Sex	M	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551213	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

**PID : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	
PID-5.2	Given Name	Juan	
PID-5.3	Second and Further Given Names or Initials Thereof	Marcel	
PID-5.7	Name Type Code	L	
PID-7	Date/Time of Birth		
PID-7.1	Time	201803041100	
PID-8	Administrative Sex	M	
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	
PID-11.4	State or Province	CT	
PID-11.5	Zip or Postal Code	06903	
PID-11.6	Country	USA	
PID-11.7	Address Type	L	
PID-30	Patient Death Indicator		

**ORC[\*]**

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	
ORC-17.2	Text	Shoreline Hospital	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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Location	Data Element	Data	Categorization
ORC-1	Order Control	RE	
ORC-2	Placer Order Number		
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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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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ORC-1	Order Control	RE	
ORC-2	Placer Order Number		
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ORC-2.4	Universal ID Type		
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ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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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		
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ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

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		
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ORC-3.1	Entity Identifier	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**- ORC : Common Order -**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	197029	
ORC-3.2	Namespace ID	OP	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	OP	
ORC-17.2	Text	Oceanview Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

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	20180304	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	Hepatitis B	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180415	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	Hepatitis B	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180515	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	DTaP	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180713	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	DTaP	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180916	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	DTaP	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190820	
RXA-5	Administered Code		
RXA-5.1	Identifier	106	
RXA-5.2	Text	DTaP	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180514	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Hib	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Hib	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Hib	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190504	
RXA-5	Administered Code		
RXA-5.1	Identifier	49	
RXA-5.2	Text	Hib	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180514	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	Polio (IPV)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	Polio (IPV)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181015	
RXA-5	Administered Code		
RXA-5.1	Identifier	10	
RXA-5.2	Text	Polio (IPV)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180518	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190504	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180518	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	Rotavirus	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	1.0	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180921	
RXA-5	Administered Code		
RXA-5.1	Identifier	119	
RXA-5.2	Text	Rotavirus	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	1.0	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181020	
RXA-5	Administered Code		
RXA-5.1	Identifier	161	
RXA-5.2	Text	Influenza	
RXA-5.3	Name of Coding System	CVX	
RXA-6	Administered Amount	0.25	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190620	
RXA-5	Administered Code		
RXA-5.1	Identifier	03	
RXA-5.2	Text	measles, mumps, rubella virus vaccine	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Martinez	
RXA-10.3	Given Name	J.	
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-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXR[\*]**
**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38288	
RXR-1.2	Text	Oral	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	RT	
RXR-2.2	Text	Thigh Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180304	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	hepatitis B vaccine, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180415	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180515	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180713	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180916	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20190820	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	5	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180514	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180721	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180927	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	17	
OBX-5.2	Text	Hib, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20190504	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180514	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	10	
OBX-5.2	Text	poliovirus vaccine, inactivated	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180721	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20181015	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180518	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180721	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180927	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	109	
OBX-5.2	Text	pneumococcal, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20190504	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	4	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180518	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180921	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20180927	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20181020	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20190620	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	Hep B, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190831	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190831	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	21	
OBX-5.2	Text	Varicella	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190304	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190304	
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		

**OBX : Observation/Result**

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	85	
OBX-5.2	Text	Hep A, pediatric, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190304	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20190304	
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		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
This information will be automatically supplied by the System	

**Juror Document**

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Query the Registry for Juan Marcel Marina				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table border="1"> <tr> <td style="background-color: #d3d3d3;">Pass</td><td style="background-color: #d3d3d3;">Fail</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
Reason Failed					
Juror Comments					

#### DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Marina	
Date of Birth	03/04/2018	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	03/04/2018	
Date/Time Administration-End	03/04/2018	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address	325 Shorline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	04/15/2018	
Date/Time Administration-End	04/15/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	

Evaluated Immunization History Information		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/15/2018	
Date/Time Administration-End	05/15/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		

Evaluated Immunization History Information		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	07/13/2018	
Date/Time Administration-End	07/13/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		

Evaluated Immunization History Information		
<b>Administered-at Location</b>		
<b>Facility ID</b>	OP	
<b>Street Address</b>	4253 Standish Way	
<b>Other Designation</b>		
<b>City</b>	Stamford	
<b>State</b>	CT	
<b>Zip Code</b>	06903	
<b>Country</b>		
<b>Valid Dose</b>	YES	
<b>Validity Reason</b>		
<b>Completion Status*</b>	Complete	
<b>Dose Number in Series</b>	2	
<b>Number of Doses in Series</b>	5	
<b>Immunization Series Name</b>		
<b>Status in Immunization Series</b>		
<b>Immunization Schedule Used</b>	ACIP	
<b>Element Name</b>	<b>Data</b>	<b>Tester Comment</b>
<b>Entering Organization</b>	Oceanview Pediatrics	
<b>Vaccine Group</b>	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
<b>Vaccine Administered</b>	DTaP	
<b>Refusal Reason</b>		
<b>Date/Time Administration-Start</b>	09/16/2018	
<b>Date/Time Administration-End</b>	09/16/2018	
<b>Administered Amount</b>	0.5	
<b>Administered Units of Measure</b>	mL	
<b>Route of Administration</b>	Intramuscular	
<b>Administration Site</b>	Left Deltoid	
<b>Substance Manufacturer Name</b>	Sanofi Pasteur Inc	
<b>Administration Notes</b>		
<b>Administering Provider</b>		
<b>Name</b>	J. Martinez	
<b>ID Number</b>		
<b>Administered-at Location</b>		
<b>Facility ID</b>	OP	
<b>Street Address</b>	4253 Standish Way	

Evaluated Immunization History Information		
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	08/20/2019	
Date/Time Administration-End	08/20/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/14/2018	
Date/Time Administration-End	05/14/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		

Evaluated Immunization History Information		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	07/21/2018	
Date/Time Administration-End	07/21/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	

Evaluated Immunization History Information		
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	09/27/2018	
Date/Time Administration-End	09/27/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		

Evaluated Immunization History Information		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/04/2019	
Date/Time Administration-End	05/04/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment

Evaluated Immunization History Information		
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/14/2018	
Date/Time Administration-End	05/14/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	

Evaluated Immunization History Information		
Refusal Reason		
Date/Time Administration-Start	07/21/2018	
Date/Time Administration-End	07/21/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	10/15/2018	
Date/Time Administration-End	10/15/2018	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/18/2018	
Date/Time Administration-End	05/18/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	intramuscular	

Evaluated Immunization History Information		
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	07/21/2018	
Date/Time Administration-End	07/21/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		

Evaluated Immunization History Information		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	09/27/2018	
Date/Time Administration-End	09/27/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		

Evaluated Immunization History Information		
<b>Administered-at Location</b>		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/04/2019	
Date/Time Administration-End	05/04/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
<b>Administered-at Location</b>		
Facility ID	OP	
Street Address	4253 Standish Way	

Evaluated Immunization History Information		
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	05/18/2018	
Date/Time Administration-End	05/18/2018	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	

Evaluated Immunization History Information		
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	09/21/2018	
Date/Time Administration-End	09/21/2018	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	

Evaluated Immunization History Information		
<b>Validity Reason</b>		
<b>Completion Status*</b>	Complete	
<b>Dose Number in Series</b>	2	
<b>Number of Doses in Series</b>	3	
<b>Immunization Series Name</b>		
<b>Status in Immunization Series</b>		
<b>Immunization Schedule Used</b>	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/27/2018	
Date/Time Administration-End	09/27/2018	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

Evaluated Immunization History Information		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/20/2018	
Date/Time Administration-End	10/20/2018	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		

Evaluated Immunization History Information		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	06/20/2019	
Date/Time Administration-End	06/20/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

**Evaluated Immunization History Information**

\* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	08/31/2019	
Earliest Date to Give	08/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	09/01/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2019	
Earliest Date to Give	03/04/2019	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	03/04/2019	
Earliest Date to Give	03/04/2019	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, pediatric, unspecified formulation	
Vaccine Due Date	03/04/2019	
Earliest Date to Give	03/04/2019	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		

### 3.1.4. View the vaccination forecast for Juan Marcel Marina

Test Step Type: SUT\_MANUAL

The EMR displays the current Immunization Forecast to the user for Juan Marcel Marina either as returned by the IIS in prior step, or as generated through any local means.

#### Test Story

##### Description

The physician accesses the record for Juan Marcel Marina and, once the vaccine history is reconciled in the EMR, the vaccine forecast is updated.

- The provider views the updated vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods).

##### Comments

The vaccine forecast may be imported from the Immunization Registry Vaccination History and Forecast (Z42) response, or it may be generated by EMR defined means.

##### Pre-condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Juan Marcel Gonzales').

##### Post-Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

##### Test Objectives

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

**Modify Antigen Recommendations Based on Active Diagnoses:** The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

##### Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:
2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 8/31/2018

influenza, unspecified formulation due on Sep 1, 2019 or later (annual recommendation - specific date may vary somewhat)

In support of test objective 'Modify Antigen Recommendations Based on Active Diagnoses' the tester verifies that the system notifies the provider that:

Varicella due on 3/4/2019 - Forecast should not show that they need vaccine for Varicella; because of known diagnosis that this is due.

Hep A is due 3/4/2019 - Forecast may not show that they need the vaccine for Hepatitis A due to serologic immunity to the disease.

## Notes

The due date must be in range for the date shown. Vaccine forecast dates may be plus or minus 10 days to accommodate differences in date handling.

Further variation should be documented in the notable exceptions, but minimally each forecast vaccine must be present.

Tester should document how evidence of prior disease (Varicella) is documented (e.g. if not in forecast, is there a reason available to clinician).

Manual override does not fulfill the 'modify antigen recommendations based on active diagnosis' (e.g. if the system does not support this through CDS then not fulfilled).

This criteria is considered 'Advanced', so tester should note support for this criteria separately.

## 3.2. Juan Marcel Marina, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

### Test Story

<b>Description</b>
This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
Juan Marcel Marina is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juan Marcel Marina Initial Data Load.'
<b>Post-Condition</b>
Visit orders are entered in Juan Marcel Marina's record.
<b>Test Objectives</b>
<b>Modify Antigen Recommendations Based on Active Diagnoses:</b> The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.
<b>Enter Vaccination Order:</b> The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.
<b>Receive Dose Not Indicated Alert for Single Vaccine Order:</b> The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.
<b>Notify of Vaccine Dose Expiration:</b> The EHR or other clinical software system notifies the provider administering a vaccine if the dose chosen for administration is expired.
<b>Record Vaccine Administration:</b> The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

**Notify of Vaccine Dose Ineligibility:** The EHR or other clinical software system provides a method for alerting a provider if a vaccine is selected for a patient who is not eligible for the inventory item selected.

**Evaluation Criteria**

Evaluation criteria is defined within each test step.

**Notes**

No Note

### 3.2.1. Orders administration of Hepatitis B vaccine

Test Step Type: SUT\_MANUAL

The provider orders a Hepatitis B vaccine (dose 3).

#### Test Story

##### Description

As indicated by the vaccine forecast, the third Hepatitis B is overdue, and is ordered.

##### Comments

No Comments

##### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history.  
Historical Vaccination reconciled and loaded into the EMR. Vaccine forecast reviewed.

##### Post-Condition

Hepatitis B vaccine is ordered for the patient.

##### Test Objectives

**Enter Vaccination Order:** The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

##### Evaluation Criteria

EMR Records the following order information: The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Order Value/Text for Vaccine Type	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08, NDC 58160-0820-11)
Vaccine 2-D Data Matrix	
Date/Time Vaccine was recorded	Current Date

##### Notes

No Note

### 3.2.2. Orders administration of DTaP vaccine and alerted that the dose is too early

Test Step Type: SUT\_MANUAL

The provider orders a DTaP vaccine (dose 5). The EMR provides an alert that the vaccine dose is too early.

#### Test Story

##### Description

The fifth DTaP is ordered, and the provider is notified that the dose is too early.

##### Comments

No Comments

##### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. Vaccine forecast is available in the EMR.

##### Post-Condition

DTaP vaccine is ordered for the patient, and provider is notified that the dose is too early.

##### Test Objectives

**Receive Dose Not Indicated Alert for Single Vaccine Order:** The EHR or other clinical software system notifies the provider in instances when there are single or combination vaccine orders that are inconsistent with the expected timing intervals included in the vaccine forecast. Inconsistencies include suggestion of different date(s) for ordering the vaccine(s) or indication the vaccine(s) is/are no longer required.

**Enter Vaccination Order:** The EHR or other clinical software system allows providers to order immunizations for a patient using filters for type of vaccine, including combination vaccines.

##### Evaluation Criteria

EMR Records the following order information and Alert. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Value/Text for Vaccine Type	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)
Vaccine 2-D Data Matrix	



Date/Time Vaccine order was recorded	Current Date
Alert	Notification that the dose is too early

**Notes**

No Note
---------

### 3.2.3. Attempt to record HepB Vaccine administration route with data validation checking

Test Step Type: SUT\_MANUAL

The provider records the vaccine administration route in the EMR and is prevented from incorrectly documenting vaccine route.

#### Test Story

##### Description

The nurse documents administration route for the HepB vaccine:

- Is prevented from documenting "oral" for HepB vaccine.

##### Comments

This step covers data quality checking as an informative aspect of vaccine administration.

##### Pre-condition

Order is placed for HepB vaccine.

##### Post-Condition

The HepB vaccination route has failed to be recorded as 'oral' in the EMR.

##### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Sample of data quality checking for vaccine route.

##### Evaluation Criteria

The EMR warns the user that 'Oral' as a route for the HepB vaccine is not correct.

##### Notes

Verification checking for invalid route or site should not prevent the user from selecting the alternate route or site. While this test case example is not one that would make sense to ignore the warning, there situations where an alternate site or route may be medically indicated. This test should not be interpreted to restrict the ability of the EMR to document such alternate routes or sites that may be intentionally selected by the clinician.

### 3.2.4. Records Hepatitis B Vaccine lot number with expired lot alert

Test Step Type: SUT MANUAL

The provider records the vaccine administration lot number in the EMR and is alerted of the expired lot.

#### Test Story

##### Description

The nurse documents administration lot number for the Hepatitis B vaccine:

- Is prevented from ordering the Hepatitis B lot as it has expired.
- Documents administration from a different lot that is not expired.

##### Comments

No Comments

##### Pre-condition

Order is placed for Hepatitis B vaccine.

##### Post-Condition

The provider has been notified of the expired Hepatitis B vaccination lot. Documentation of a lot to be administered that is not expired is recorded in the EMR.

##### Test Objectives

**Notify of Vaccine Dose Expiration:** The EHR or other clinical software system notifies the provider administering a vaccine if the dose chosen for administration is expired.

##### Evaluation Criteria

EMR Records the following order information and Alert. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Date/Time of Start of Administration	Current Date
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-43)
Vaccine 2-D Data Matrix	
Lot Number (Expired)	6332FK18
Substance Expiration Date (Expired)	6/15/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)
Alert	Alerts user to expired lot

**Notes**

No Note

### 3.2.5. Record Hepatitis B Vaccine administration

Test Step Type: SUT\_MANUAL

The EMR is able to document all attributes associated with the new vaccine administration.

#### Test Story

<b>Description</b>														
The nurse administers the Hepatitis B vaccine: <ul style="list-style-type: none"><li>- Documents all required information for the vaccine.</li></ul>														
<b>Comments</b>														
No Comments														
<b>Pre-condition</b>														
Order is placed for Hepatitis B vaccine.														
<b>Post-Condition</b>														
The Hepatitis B vaccination is recorded in the EMR.														
<b>Test Objectives</b>														
<b>Record Vaccine Administration:</b> The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.														
<b>Evaluation Criteria</b>														
EMR Records the following vaccine administration information. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:														
<table border="1"><tr><td>Ordering Provider</td><td>Frank Smith</td></tr><tr><td>Entering Organization</td><td>Shoreline Pediatrics</td></tr><tr><td>Vaccine Event information source</td><td>New immunization record (NIP001 00)</td></tr><tr><td>Date/Time of Start of Administration</td><td>Current Date</td></tr><tr><td>Vaccine Administered</td><td>hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-43)</td></tr><tr><td>Vaccine 2-D Data Matrix</td><td></td></tr><tr><td>Administered Amount (of Vaccine)</td><td>0.5</td></tr></table>	Ordering Provider	Frank Smith	Entering Organization	Shoreline Pediatrics	Vaccine Event information source	New immunization record (NIP001 00)	Date/Time of Start of Administration	Current Date	Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-43)	Vaccine 2-D Data Matrix		Administered Amount (of Vaccine)	0.5
Ordering Provider	Frank Smith													
Entering Organization	Shoreline Pediatrics													
Vaccine Event information source	New immunization record (NIP001 00)													
Date/Time of Start of Administration	Current Date													
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-43)													
Vaccine 2-D Data Matrix														
Administered Amount (of Vaccine)	0.5													

Administered Units (of Measure)	mL
Administering Provider	Sandra Molina
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901
Lot Number	6332FK26
Substance Expiration Date	10/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)
Completion Status	Completed (CP)
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
Administration Site	Left Deltoid (HL70163 LD)
VFC Eligibility	No
Funding Source	Private

### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

### 3.2.6. Records Influenza Vaccine administration with VFC eligibility checking

Test Step Type: SUT\_MANUAL

The provider records the vaccine administration from a VFC source and alerted that the patient is not VFC eligible.

#### Test Story

##### Description

The nurse documents administration for the inactivated influenza vaccine from a VFC source:

- Is alerted that the patient is not eligible for VFC.
- Orders a different non-VFC lot of inactivated influenza vaccine.

##### Comments

No Comments

##### Pre-condition

Order is placed for inactivated influenza vaccine.

##### Post-Condition

The user is notified of vaccine dose ineligibility.

##### Test Objectives

**Notify of Vaccine Dose Ineligibility:** The EHR or other clinical software system provides a method for alerting a provider if a vaccine is selected for a patient who is not eligible for the inventory item selected.

##### Evaluation Criteria

The provider documents a VFC lot to be administered in the EMR. Once notified that the patient is not eligible for the VFC, then a non-VFC lot is selected. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Value/Text for Vaccine Type	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0413-58)
Date/Time of Start of Administration	Current Date
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0413-58)
Vaccine 2-D Data Matrix	

VFC lot (not administered)	D8043IN8422
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	Sanofi Pasteur (MVX PMC)
Alert	Patient is not VFC Eligible
Funding Source	Private

The Provider selects a non-VFC Lot:

Vaccine Lot # (administered):	D8043IN8855
Vaccine Expiration Date:	12/31/2020

**Notes**

No Note

### 3.2.7. Record Influenza Vaccine administration for Juan Marcel Marina

Test Step Type: SUT MANUAL

The EMR is able to document all attributes associated with the new vaccine administration.

#### Test Story

##### Description

The nurse administers the inactivated influenza vaccine:

- Documents all required information for each vaccine.

##### Comments

No Comments

##### Pre-condition

Order is placed for inactivated influenza vaccine.

##### Post-Condition

The inactivated influenza vaccine administration is recorded in the EMR.

##### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

##### Evaluation Criteria

EMR Records the following vaccine administration information. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source (Administration Notes)	New immunization record (NIP001 00)
Value/Text for Vaccine Type	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161), FLUZONE

	QUADRIVALENT (NDC 49281-0413-58)
Date/Time of Start of Administration	Current Date
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0413-58)
Vaccine 2-D Data Matrix	
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	Sandra Molina
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901
Lot Number	D8043IN8855
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	Sanofi Pasteur (MVX PMC)
Completion Status	CP
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
VFC Eligibility	No
Funding Source	Private

#### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

### 3.3. Juan Marcel Marina Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Juan Marcel Marina.

#### Test Story

##### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report should include vaccines incorrectly recorded in the IIS. The report MAY send the immunizations that the EMR imported from the IIS.

##### Comments

No Comments

##### Pre-condition

The vaccines for the visit have been administered.

##### Post-Condition

The IIS has received the vaccine information (Z22 message).

##### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- NDC codes, CVX for immunizations.

##### Evaluation Criteria

Evaluation criteria is defined within each test step.

##### Notes

No Note

### 3.3.1. Transmit the Immunization Report for Juan Marcel Marina

Test Step Type: SUT\_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes all newly administered vaccines and may include historical information updated in the EMR during the visit. This also includes notification that Varicella is not administered due to history of the disease.

#### Test Story

##### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines, and an indication that Varicella was not administered due to a history of the disease as evidence of immunity. The Vaccination report also includes an indication that Hepatitis A was not administered due to serological evidence of immunity. The report MAY send the immunizations that the EMR imported from the IIS.

##### Comments

The Report must include all newly administered vaccines in any order. The report may include the information imported from the IIS.

##### Pre-condition

The vaccines for the visit have been administered. The clinical information has been documented for Juan Marcel Marina in the Initial Data Load.

##### Post-Condition

The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.

##### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. **NDC codes, CVX for immunizations**  
**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.
- b. NDC codes, CVX for immunizations

##### Evaluation Criteria

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

This includes indication that Varicella was not administered due to history of the disease, and an indication that Hepatitis A was not administered due to serological evidence of immunity.

**Notes**

No Note

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190701082240-0500	
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	IIPEHRFAC	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	IPIIISFAC	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 : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	
PID-5.2	Given Name	Juan	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Marcel	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	Morales	
PID-6.7	Name Type Code	M	
PID-7	Date/Time of Birth		
PID-7.1	Time	201803041100	Value-Test Case Fixed
PID-8	Administrative Sex	M	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		
PID-25	Birth Order		
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
PD1-11	Publicity Code		
PD1-11.1	Identifier	03	Value-Test Case Fixed
PD1-11.2	Text	Reminder/recall - no calls	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		
PD1-16	Immunization Registry Status	A	
PD1-17	Immunization Registry Status Effective Date	20180304	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20180304	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Gonzales	
NK1-2.2	Given Name	Manuel	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Marcel	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	FTH	Value-Test Case Fixed
NK1-3.2	Text	Father	Value-Test Case Fixed
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	4623 Standish Way	
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Value-Test Case Fixed
NK1-4.4	State or Province	CT	Value-Test Case Fixed
NK1-4.5	Zip or Postal Code	06903	Value-Test Case Fixed
NK1-4.6	Country		
NK1-4.7	Address Type	L	Value-Test Case Fixed
NK1-5	Phone Number		
NK1-5.2	Telecommunication Use Code	PRN	Value-Test Case Fixed
NK1-5.3	Telecommunication Equipment Type	PH	Value-Test Case Fixed
NK1-5.4	Email Address		
NK1-5.6	Area/City Code	203	Value-Test Case Fixed
NK1-5.7	Local Number	5551213	Value-Test Case Fixed

## ORC[\*]

## ORC : Common Order

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	197027	
ORC-3.2	Namespace ID	SH	
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	Sirtis	Presence-Content Indifferent
ORC-10.3	Given Name	Lisa	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	Carter	Presence-Content Indifferent
ORC-12.3	Given Name	Jane	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	SH	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Hospital	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	Presence-Content Indifferent
ORC-12.3	Given Name	Frank	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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	Presence-Content Indifferent
ORC-12.3	Given Name	Frank	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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197029	
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	Martinez	Presence-Content Indifferent
ORC-10.3	Given Name	J.	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	Rodriguez	
ORC-12.3	Given Name	J.	
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	OP	Presence-Content Indifferent
ORC-17.2	Text	Oceanview Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	Indifferent
ORC-12.3	Given Name	Frank	Indifferent
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	SP	Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Indifferent
ORC-17.3	Name of Coding System	HL70362	Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

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	20180304	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	6332FK34	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181214	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180415	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	6352FK2	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181001	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	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	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	Molina	Presence-Content Indifferent
RXA-10.3	Given Name	Sandra	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	6332FK26	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	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180515	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	DTaP	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D409QS2342	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191130	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180713	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	DTaP	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D409QS2434	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20180904	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180916	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	DTaP	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D409QS3256	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181201	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190820	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	106	Value-Test Case Fixed
RXA-5.2	Text	DTaP	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D409QS250	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20200301	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	Sanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180514	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Hib	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	7M54K9255	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190324	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Hib	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	7M55K3343	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181030	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Hib	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	7M75K4577	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190523	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190504	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Hib	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	7M53K5535	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191014	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180514	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	Polio (IPV)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D333PV2444	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191004	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	Polio (IPV)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D333PV4343	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190323	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181015	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	10	Value-Test Case Fixed
RXA-5.2	Text	Polio (IPV)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D333PV9654	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190222	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PMC	
RXA-17.2	Text	MSanofi Pasteur 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180518	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	P243V3321	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190130	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180721	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	P343V8445	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190330	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	P853V2175	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190830	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190504	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	133	Value-Test Case Fixed
RXA-5.2	Text	Pneumococcal conjugate (PCV13)	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	P853V58544	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191018	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	PFR	
RXA-17.2	Text	Pfizer, 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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180518	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	119	Value-Test Case Fixed
RXA-5.2	Text	Rotavirus	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	6359RV543	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20181029	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180921	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	119	Value-Test Case Fixed
RXA-5.2	Text	Rotavirus	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	6359RV933	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190510	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180927	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D8043IN8738	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190312	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20181020	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	161	Value-Test Case Fixed
RXA-5.2	Text	Influenza	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	D8043IN8798	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20190522	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	49281-0413-58	Value-Test Case Fixed
RXA-5.2	Text	FLUZONE QUADRIVALENT	Presence-Content Indifferent
RXA-5.3	Name of Coding System	NDC	Value-Test Case Fixed
RXA-6	Administered Amount	0.25	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	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	Molina	Presence-Content Indifferent
RXA-10.3	Given Name	Sandra	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	D8043IN8855	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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190620	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	03	Value-Test Case Fixed
RXA-5.2	Text	measles, mumps, rubella virus vaccine	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	08	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	Martinez	
RXA-10.3	Given Name	J.	
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	7W27V7632	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20201215	
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	MSD	
RXA-17.2	Text	Merck Sharp and Dohme Corp.	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20180316	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	21	Value-Test Case Fixed
RXA-5.2	Text	varicella	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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		Indifferent
RXA-9.2	Text		
RXA-9.3	Name of Coding System		Indifferent
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname		Indifferent
RXA-10.3	Given Name		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		
RXA-16	Substance Expiration Date		
RXA-16.1	Time		Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier		Indifferent
RXA-17.2	Text		Indifferent
RXA-17.3	Name of Coding System		Indifferent
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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190115	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	85	Value-Test Case Fixed
RXA-5.2	Text	Hep A, pediatric, unspecified formulation	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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		Indifferent
RXA-9.2	Text		
RXA-9.3	Name of Coding System		Indifferent
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	
RXA-21	Action Code - RXA	A	

**RXR[\*]****RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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 : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

Location	Data Element	Data	Categorization
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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 : Pharmacy/Treatment Route**

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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

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	RT	
RXR-2.2	Text	Thigh Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	RT	
RXR-2.2	Text	Right Thigh	
RXR-2.3	Name of Coding System	HL70163	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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 : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C38299	
RXR-1.2	Text	Subcutaneous	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	TS	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	Date vaccine information statement presented	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191031	Presence-Content Indifferent
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		
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	69764-9	
OBX-3.2	Text	Document Type	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300005911181012	Presence-Content Indifferent
OBX-5.2	Text	Hepatitis B Vaccine VIS	
OBX-5.3	Name of Coding System	cdegs1vis	Presence-Content Indifferent
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	20200630	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	V01	Value-Test Case Fixed
OBX-5.2	Text	Not VFC elig	Presence-Content Indifferent
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30963-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccine funding source	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	PHC70	Presence-Content Indifferent
OBX-5.2	Text	Private	
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300010311140819	Value-Test Case Fixed
OBX-5.2	Text	Influenza Vaccine - Inactivated VIS	
OBX-5.3	Name of Coding System	cdccgs1vis	
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	20200722	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	VIS Presentation Date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20181031	Presence-Content Indifferent
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	V01	Value-Test Case Fixed
OBX-5.2	Text	Not VFC elig	Presence-Content Indifferent
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	PHC70	
OBX-5.2	Text	Private	
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59784-9	Value-Test Case Fixed
OBX-3.2	Text	Disease with presumed immunity	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	38907003	Value-Test Case Fixed
OBX-5.2	Text	History of Varicella infection	Presence-Content Indifferent
OBX-5.3	Name of Coding System	SCT	Value-Test Case Fixed
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	20181031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	75505-8	Value-Test Case Fixed
OBX-3.2	Text	Diseases with serological evidence of immunity	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	278971009	Value-Test Case Fixed
OBX-5.2	Text	Serology confirmed hepatitis A	Presence-Content Indifferent
OBX-5.3	Name of Coding System	SCT	Value-Test Case Fixed
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification**

## Patient Information

Element	Data
Patient Name	Juan Marcel Marina
Mother's Maiden Name	Anita Morales
ID Number	123456 987633
Date/Time of Birth	03/04/2018 11:00
Administrative Sex	Male
Patient Address	4623 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1213
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	03/04/2018
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	03/04/2018
Protection Indicator	No
Protection Indicator Effective Date	

## Guardian or Responsible Party

Element	Data
Name	Manuel Marcel Gonzales
Relationship	Father
Address	4623 Standish Way Stamford CT 06903
Phone Number	(203)555-1213

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	03/04/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	6332FK34
Substance Expiration Date	12/14/2018
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	04/15/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	6352FK2
Substance Expiration Date	10/01/2018
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Sandra Molina
Substance Lot Number	6332FK26
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Date vaccine information statement presented	10/31/2019
Document Type	Hepatitis B Vaccine VIS
vaccine fund pgm elig cat	Not VFC elig
Vaccine funding source	Private

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP
Date/Time Start of Administration	05/15/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D409QS2342
Substance Expiration Date	11/30/2019
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP
Date/Time Start of Administration	07/13/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D409QS2434
Substance Expiration Date	09/04/2018
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP
Date/Time Start of Administration	09/16/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D409QS3256
Substance Expiration Date	12/01/2018
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP
Date/Time Start of Administration	08/20/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D409QS250
Substance Expiration Date	03/01/2020
Substance Manufacturer Name	Sanofi Pasteur Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	05/14/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	7M54K9255
Substance Expiration Date	03/24/2019
Substance Manufacturer Name	Merck Sharp and Dohme Corp.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	07/21/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	7M55K3343
Substance Expiration Date	10/30/2018
Substance Manufacturer Name	Merck Sharp and Dohme Corp.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	09/27/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	7M75K4577
Substance Expiration Date	05/23/2019
Substance Manufacturer Name	Merck Sharp and Dohme Corp.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	05/04/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	7M53K5535
Substance Expiration Date	10/14/2019
Substance Manufacturer Name	Merck Sharp and Dohme Corp.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Polio (IPV)
Date/Time Start of Administration	05/14/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D333PV2444
Substance Expiration Date	10/04/2019
Substance Manufacturer Name	MSanofi Pasteur Inc.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Polio (IPV)
Date/Time Start of Administration	07/21/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D333PV4343
Substance Expiration Date	03/23/2019
Substance Manufacturer Name	MSanofi Pasteur Inc.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Polio (IPV)
Date/Time Start of Administration	10/15/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D333PV9654
Substance Expiration Date	02/22/2019
Substance Manufacturer Name	MSanofi Pasteur Inc.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal conjugate (PCV13)
Date/Time Start of Administration	05/18/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	P243V3321
Substance Expiration Date	01/30/2019
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal conjugate (PCV13)
Date/Time Start of Administration	07/21/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	P343V8445
Substance Expiration Date	03/30/2019
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal conjugate (PCV13)
Date/Time Start of Administration	09/27/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	P853V2175
Substance Expiration Date	08/30/2019
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal conjugate (PCV13)
Date/Time Start of Administration	05/04/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	P853V58544
Substance Expiration Date	10/18/2019
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Rotavirus
Date/Time Start of Administration	05/18/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	6359RV543
Substance Expiration Date	10/29/2018
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Rotavirus
Date/Time Start of Administration	09/21/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	6359RV933
Substance Expiration Date	05/10/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Thigh Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza
Date/Time Start of Administration	09/27/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D8043IN8738
Substance Expiration Date	03/12/2019
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza
Date/Time Start of Administration	10/20/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	D8043IN8798
Substance Expiration Date	05/22/2019
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	FLUZONE QUADRIVALENT
Date/Time Start of Administration	10/31/2019
Administered Amount	0.25
Administered Units	
Administration Notes	
Administering Provider	Sandra Molina
Substance Lot Number	D8043IN8855
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	Sanofi Pasteur
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Document Type	Influenza Vaccine - Inactivated VIS
VIS Presentation Date	10/31/2018
vaccine fund pgm elig cat	Not VFC elig
Vaccine funding source	Private

## Vaccine Administration Information

Element	Data
Administered Vaccine	measles, mumps, rubella virus vaccine
Date/Time Start of Administration	06/20/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	J. Martinez
Substance Lot Number	7W27V7632
Substance Expiration Date	12/15/2020
Substance Manufacturer Name	Merck Sharp and Dohme Corp.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Subcutaneous
Administration Site	Left Thigh
Entering Organization	Oceanview Pediatrics
Entered By	J. Martinez
Ordered By	J. Rodriguez

## Vaccine Administration Information

Element	Data
Administered Vaccine	varicella
Date/Time Start of Administration	03/16/2018
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Disease with presumed immunity	History of Varicella infection

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hep A, pediatric, unspecified formulation
Date/Time Start of Administration	01/15/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Diseases with serological evidence of immunity	Serology confirmed hepatitis A

### 3.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

#### Test Story

<b>Description</b>
The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
<b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
<b>Evaluation Criteria</b>
The acknowledgement message is consumed by the system responsible for the content of the administration message without error.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190224073734.034-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-1.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-AD-1.1_Send_V04_Z22	

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

### 3.3.3. Transmit Delete for Vaccine Recorded in Error

Test Step Type: SUT\_INITIATOR

The Provider realizes that the notification that the Hepatitis B vaccine 6352FK2 that was not administered was inadvertently documented and transmitted to the registry. A delete notification for the Hepatitis B vaccination administered is transmitted to the Immunization Registry.

#### Test Story

<b>Description</b> The provider identifies that the vaccine administration of Hepatitis B for this visit was documented in error. The vaccine was not administered during the visit but was inadvertently documented as administered. A delete notification for the Hepatitis B vaccination administered is transmitted to the Immunization Registry for Juan Marcel Marina.
<b>Comments</b> No Comments
<b>Pre-condition</b> The vaccinations for the visit have been administered.  The vaccination report (Z22) has been transmitted to the IIS, including the record of the Hepatitis B vaccination which was inadvertently documented as administered.  .
<b>Post-Condition</b> The EMR has recorded that the hepatitis B vaccination was documented in error. Juan Marcel Marina's record is updated to reflect that the immunization was not given. The Delete notification for this vaccination has been transmitted to the Immunization Registry.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  <b>Link Standard Codes to Immunization Data:</b> The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization. a. NDC codes, CVX for immunizations.  Support for delete functionality.
<b>Evaluation Criteria</b> Verify that EMR can correct the vaccination documented in error.. Verify that the vaccination record for Juan Marcel Marina for the Hepatitis B vaccination given on the date of the test is marked as invalid.  Verify that a valid Delete notification is transmitted to the Immunization Registry for this vaccination: The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22). The content of the message correctly reflects the test data (context-based)

in accordance with the Test Data Specification and the Message Content.

**Notes**

No Note

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190701082240-0500	
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	IIPEHRFAC	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	IPIIISFAC	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 : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Gonzales	
PID-5.2	Given Name	Juan	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Marcel	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	Morales	
PID-6.7	Name Type Code	M	
PID-7	Date/Time of Birth		
PID-7.1	Time	201803041100	Value-Test Case Fixed
PID-8	Administrative Sex	M	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		
PID-25	Birth Order		
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Presence-Content Indifferent
ORC-10.3	Given Name	Sandra	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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	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	Molina	
RXA-10.3	Given Name	Sandra	
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	6332FK26	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20201231	
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	
RXA-21	Action Code - RXA	D	Value-Test Case Fixed

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	
RXR-1.2	Text	IM	
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[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	
OBX-3.2	Text	Date vaccine information statement presented	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191031	
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		
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
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	253088698300005911181012	
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	20200630	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification**

## Patient Information

Element	Data
Patient Name	Juan Marcel Gonzales
Mother's Maiden Name	Anita Morales
ID Number	123456 987633
Date/Time of Birth	03/04/2018 11:00
Administrative Sex	Male
Patient Address	4623 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1213
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Sandra Molina
Substance Lot Number	6332FK26
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Delete
Route	IM
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Date vaccine information statement presented	10/31/2019
Document Type	Hepatitis B Vaccine VIS
vaccine fund pgm elig cat	Not VFC elig
Vaccine funding source	Private

### 3.3.4. Receive ACK Z23 from Immunization Registry

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

#### Test Story

<b>Description</b>
The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
<b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
<b>Evaluation Criteria</b>
The acknowledgement message is consumed by the system responsible for the content of the administration message without error.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190224073734.034-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-1.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-AD-1.1_Send_V04_Z22	

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

## 4. Juana Mariela Gonzales Visit

Infant twin, Juana Mariela Gonzales visits the provider where her immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

### Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 4.1. Query the Registry for Juana Mariela Gonzales

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariela Gonzales.

### Test Story

#### Description

The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Mariela Gonzales. Querying the registry will consist of the vendor creating Z44 messages for Juana Mariela Gonzales to be sent to the registry. The response will be processed as part of the 'Display, Reconcile, Import and Update Immunization Information' activity.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry and create a new forecast after reconciling the information.

#### Comments

No Comments

#### Pre-condition

Juana Mariela Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the Juana Mariela Gonzales Initial Data Load'.

#### Post-Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can

read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 4.1.1. Select Patient Juana Mariela Gonzales

Test Step Type: SUT\_MANUAL

Select patient Juana Mariela Gonzales, Infant Twin, distinguishing the patient from other patients with similar demographics (twins).

### Test Story

#### Description

Juana Mariela Gonzales is selected as the patient and her record is opened in the EMR.

#### Comments

No Comments

#### Pre-condition

Juana Mariela Gonzales Initial Data Load completed.

#### Post-Condition

Juana Mariela Gonzales is the active working patient in the EMR.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Tester shall verify that the product can distinguish Juana Mariela Gonzales Morales from similar sounding names and her twin using all of the pediatric demographics:

Patient ID (previously listed as "Medicaid Number")	Vendor supplied
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied
Patient Name: First	Juana
Patient Name: Middle	Mariela
Patient Name: Last	Gonzales
Patient Date of Birth	10/01/2019
Birth Time	11:00
Patient Gender (Administrative Sex)	F
Patient Multiple Birth Indicator	Yes
Patient Birth Order	1
Responsible Person Name: First	Joanna
Responsible Person Name: Middle	Elena
Responsible Person Name: Last	Gonzales
Responsible Person Name: Relationship to Patient	Mother

Mother's Name: First	Joanna
Mother's Name: Middle	Elena
Mother's Name: Last	Gonzales
Mother's Name: Maiden Last	Morales
Patient Address: Street	3321 Standish Way
Patient Address: City	Stamford
Patient Address: State	CT
Patient Address: Country	US
Patient Address: Zipcode	06903
Patient Address: County of Residence	Fairfield
Race	White
Ethnicity	Hispanic or Latino
Birthing Facility Name (Birth Delivery Location Address BDL)	Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903
Patient Birth State	CT
Patient Primary Language	English
Patient Telephone Number	(203) 555-1214
Patient Telephone Number Type (e.g., home, cell)	home
Patient E-mail Address	
Publicity Code	Reminder/recall - no calls (03 HL70215)
Protection Indicator	No
Protection Indicator Effective Date	
Immunization Registry Status	
Preferred Contact Method	Text

### Notes

Patient last name from the hospital returned by the IIS is Morales (the mother's maiden name). The patient last name in the EMR should be Gonzales. This test verifies that the EMR can match the returned record despite the different last name.

## 4.1.2. Query Registry for vaccination history and forecast for Juana Mariela Gonzales

Test Step Type: SUT\_INITIATOR

The EMR generates a Z44 query for immunization history and forecast correctly and without omission according to supplied test data.

### Test Story

#### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry.

#### Comments

No Comments

#### Pre-condition

Juana Mariela Gonzales Initial Data Load is completed.

Juana Mariela Gonzales is the active working patient in the EMR.

#### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Mariela Gonzales.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

#### Evaluation Criteria

Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission.

Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied.

#### Notes

No Note

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190515001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	Value-Test Case Fixed
QPD-4.2	Given Name	Juana	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Mariela	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011100	Value-Test Case Fixed
QPD-7	Patient Sex	F	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	Value-Test Case Fixed
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	Value-Test Case Fixed
QPD-8.4	State or Province	CT	Value-Test Case Fixed
QPD-8.5	Zip or Postal Code	06903	Value-Test Case Fixed
QPD-8.6	Country		
QPD-8.7	Address Type	L	Value-Test Case Fixed
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	Value-Test Case Fixed
QPD-9.3	Telecommunication Equipment Type	CP	Value-Test Case Fixed
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	Value-Test Case Fixed
QPD-9.7	Local Number	5551214	Value-Test Case Fixed
QPD-10	Multiple birth indicator		Indifferent
QPD-11	Birth order		Indifferent

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCP-2.1	Quantity	1	
RCP-2.2	Units		
RCP-2.2.1	Identifier	RD	
RCP-2.2.2	Text	Records	
RCP-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juana Mariela Gonzales
Mother's Maiden Name	Morales
ID Number	
Date/Time of Birth	10/01/2019 11:00
Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903
Patient Phone	(203)555-1214
Birth Indicator	No
Birth Order	

### 4.1.3. View and import response to request for vaccination history for Juana Mariela Gonzales

Test Step Type: TA\_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR.

#### Test Story

##### Description

The physician accesses the record for Juana Mariela Gonzales and:

- Accepts the single vaccine in the registry record into the EHR history.

##### Comments

There is no reconciliation step as there are no historical immunizations in the EMR. All will be imported from the Z42 response.

##### Pre-condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

##### Post-Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Mariela Gonzales).

##### Test Objectives

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

##### Evaluation Criteria

1. The EMR displays the information returned from the Immunization Registry according to the Juror Document.
2. The user imports returned vaccinations as follows:

**a. Vaccinations Imported:**

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 10/1/2019.

**Notes**

If the EMR is unable to match and import the previous immunization record, they will need to add the following historical immunization manually:

Vaccine from Practice HepB		
Entered BY	Susan Pike	Y
Ordering Provider	Justin Parker	Y
Entering Organization	Shoreline Hospital	Y
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y
Date/Time of Start of Administration	10/01/2019	Y
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08, NDC 58160-0820-01)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Susan Pike	Y
Administered-at Location	15 Atlantic Avenue, Stamford, CT, 06903	Y
Lot Number	6332FK34	Y
Substance Expiration Date	12/14/2019	Y
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y
Administration Site	Left Thigh (HL70163 LT)	Y

**Message Contents**

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	MYIIS	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	MyStateIIS	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	MYEHR	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	Myclinic	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191130020020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	7731029	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z42	
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	A_Clinic	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	AN	
MSH-22.10	Organization Identifier	A_Clinic1234	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	793543	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	37374859	
QAK-2	Query Response Status	OK	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Mariela	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011100	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

**PID : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Gonzales	
PID-5.2	Given Name	Juana	
PID-5.3	Second and Further Given Names or Initials Thereof	Mariela	
PID-5.7	Name Type Code	L	
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011100	
PID-8	Administrative Sex	F	
PID-11	Patient Address		
PID-11.1	Street Address		
PID-11.1.1	Street or Mailing Address	3321 Standish Way	
PID-11.2	Other Designation		
PID-11.3	City	Stamford	
PID-11.4	State or Province	CT	
PID-11.5	Zip or Postal Code	06903	
PID-11.6	Country	USA	
PID-11.7	Address Type	L	
PID-30	Patient Death Indicator		

**ORC[\*]**

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	1970230	
ORC-3.2	Namespace ID	SRH	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	
ORC-17.2	Text	Stamford Regional Hospital	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

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	20191001	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	Hepatitis B	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	
RXA-10.3	Given Name	Susan	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	
RXR-1.2	Text	IM	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	Hep B, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	Hep B, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191201	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191216	

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	DTaP, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	17	
OBX-5.2	Text	Hib	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	10	
OBX-5.2	Text	IPV	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	152	
OBX-5.2	Text	Pneumococcal Conjugate, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20200901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20200901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20211002	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20210101	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	21	
OBX-5.2	Text	Varicella	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20210101	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
This information will be automatically supplied by the System	

**Juror Document**

<b>Evaluated Immunization History and Immunization Forecast</b>					
<b>Test Case ID</b>	Query the Registry for Juana Mariela Gonzales				
<b>Juror ID</b>					
<b>Juror Name</b>					
<b>HIT System Tested</b>					
<b>Inspection Date/Time</b>					
<b>Inspection Settlement (Pass/Fail)</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Pass</td> <td style="width: 50%;">Fail</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>Reason Failed</b>					
<b>Juror Comments</b>					

**DISPLAY VERIFICATION**

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariela Gonzales	
Date of Birth	10/01/2019	
Sex	Female	
Address 1		
Street	3321 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Joanna Elena Morales	
<p>When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Stamford Regional Hospital	
Vaccine Group	Hep B, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	10/01/2019	
Date/Time Administration-End	10/01/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	Susan Pike	
ID Number		
Administered-at Location		
Facility ID	SRH	
Street Address	15 Atlantic Avenue	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

\* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	12/01/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hib	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Pneumococcal Conjugate, unspecified formulation	
Vaccine Due Date	11/30/2019	

Immunization Forecast		
Element Name	Data	Tester Comment
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2020	
Earliest Date to Give	09/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2021	

Immunization Forecast		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2021	
Status in Immunization Series		
Forecast Reason		

## 4.1.4. View the vaccination forecast for Juana Mariela Gonzales

Test Step Type: SUT\_MANUAL

The EMR displays the current Immunization Forecast to the user for Juana Mariela Gonzales either as returned by the IIS in prior step, or as generated thru any local means.

### Test Story

#### Description

The physician accesses the record for Juana Mariela Gonzales and:

- Views the vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods).

#### Comments

No Comments

#### Pre-condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Juana Mariela Gonzales').

#### Post-Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

#### Test Objectives

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

#### Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:

2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 10/31/2019

DTaP due on 11/30/2019

Hib due on 11/30/2019

IPV due on 11/30/2019

Pneumococcal conjugate due on 11/30/2019

Rotavirus due on 11/30/2019

HepA due on 10/1/2020

MMR due on 10/1/2020

Varicella due on 10/1/2019

influenza, unspecified formulation due on Sept 1, 2020 or later

### **Notes**

The due date must be in range for the date shown. Vaccine forecast dates may be plus or minus 10 days to accommodate differences in date handling.

Further variation should be documented in the notable exceptions, but minimally each forecast vaccine must be present.

Rotavirus not due after 14 weeks, so depending on when the test is run, this may be due or not due.

## 4.2. Juana Mariela Gonzales, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

### Test Story

<b>Description</b>
This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
Juana Mariela Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Mariela Gonzales Initial Data Load'.
<b>Post-Condition</b>
Visit orders are entered in Juana Mariela Gonzales' record.
<b>Test Objectives</b>
Supporting data for documenting contraindications (it could also trigger an alert as a locally configured alert rule)
<b>Modify Antigen Recommendations Based on Active Diagnoses:</b> The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.
<b>Record Vaccine Administration Deferral:</b> The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.
<b>Evaluation Criteria</b>
Evaluation criteria is defined within each test step.
<b>Notes</b>
No Note

## 4.2.1. Enter Initial Clinical Information for Juana Mariela

Test Step Type: SUT\_MANUAL

The EHR captures structured data indicating that Juana Mariela has a fever in the current visit.

### Test Story

#### Description

The triage nurse enters basic information on Juana Mariela Gonzales - she has a fever (Temperature of 100.8o F).

#### Comments

No comments

#### Pre-condition

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariela Gonzales.

#### Post-Condition

The clinical record for Juana Mariela Gonzales indicates that she currently has a fever (temperature 100.8oF).

#### Test Objectives

Supporting data for documenting contraindications (it could also trigger an alert as a locally configured alert rule):

**Modify Antigen Recommendations Based on Active Diagnoses:** The system notifies the provider of any conflicts between recommended vaccines in the updated forecast and the patient's current or historical diagnoses.

#### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all clinical data provided with all required attributes indicated by [Y]. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Vital Signs	Fever of 100.8 (@code LOINC 8310-5 @value 100.8)
Vital Signs Observation Date	Date of current visit
Problems (If vendor uses problems for alert computations, then this should be included.)	Problem list: (Low grade pyrexia (finding) 304213008)
Problem Observation Date	Date of current visit

#### Notes

No Note

## 4.2.2. Enters a deferral for the vaccines due

Test Step Type: SUT\_MANUAL

Enters a deferral for vaccines due (Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus) due to medical reason, indicating low grade fever, and defers for 1 month.

### Test Story

#### Description

The physician accesses the record for Juana Mariela Gonzales Morales and:

- Enters a deferral for the vaccines due (Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus) due to medical reason, indicating low grade fever, and defers for 1 month.

#### Comments

No Comments

#### Pre-condition

Prior Immunization History loaded and reconciled from the Immunization Registry. Vaccine forecast is available in the EMR indicating 5 vaccines are due: Hepatitis B, DTaP, Hib, Pneumococcal conjugate (PCV13) and Rotavirus.

#### Post-Condition

Vaccine deferral is recorded indicating the medical reason of low-grade fever.

#### Test Objectives

**Record Vaccine Administration Deferral:** The EHR or other clinical software system allows a user to enter a reason or reasons why a specific immunization was not given to a patient (e.g., due to contraindication, refusal, etc.). The system also stores that information in a structured way so it can be reported and analyzed as needed.

#### Evaluation Criteria

EMR Records the following vaccine administration information. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Value/Text for Vaccine Type	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)
diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)	
Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)	

pneumococcal conjugate vaccine, 13 valent (CVX 133)	
rotavirus, live, monovalent vaccine (CVX 119)	
Date/Time Vaccine not administered was recorded	Current Date
Alert	contraindication of fever
Substance/Treatment Deferral Start Date: Vaccination contraindication/precaution effective date (30946-8 LOINC)	Current Date

### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

## 4.3. Juana Mariela Gonzales Transmit Immunization Report

Send the Immunization Report to the Immunization Registry (VXU/Z22) for Juana Mariela Gonzales.

### Test Story

#### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes deferrals for the vaccines that were due this visit indicating the medical reason. The report MAY send the immunizations that the EMR imported from the IIS.

#### Comments

No Comments

#### Pre-condition

The vaccines for the visit have been deferred.

#### Post-Condition

The IIS has received the vaccine information (Z22 message).

#### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. NDC codes, CVX for immunizations.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

### 4.3.1. Transmit the Immunization Report for Juana Mariela Gonzales

Test Step Type: SUT\_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This includes the vaccine deferral and may include historical information updated in the EMR during the visit.

#### Test Story

<b>Description</b> Following the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes the vaccine deferrals. The report MAY send the immunizations that the EMR imported from the IIS.
<b>Comments</b> The Report must include all vaccine deferrals recorded in the EMR in any order. The report may include the information imported from the IIS.
<b>Pre-condition</b> The vaccines for the visit have been administered.
<b>Post-Condition</b> The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  <b>Link Standard Codes to Immunization Data:</b> The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization. a. NDC codes, CVX for immunizations.
<b>Evaluation Criteria</b> The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content. The message must contain all deferrals recorded in the EMR. Current Date is expected for the Non-Administration date and deferral date.
<b>Notes</b> No Note

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20190701082240-0500	
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	IIPEHRFAC	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	IPIIISFAC	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 : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Gonzales	Value-Test Case Fixed
PID-5.2	Given Name	Juana	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Mariela	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	Morales	Value-Test Case Fixed
PID-6.7	Name Type Code	M	Value-Test Case Fixed
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011100	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	3321 Standish Way	Value-Test Case Fixed
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	5551214	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	Y	Value-Test Case Fixed
PID-25	Birth Order	1	Value-Test Case Fixed
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
PD1-11	Publicity Code		
PD1-11.1	Identifier	03	Value-Test Case Fixed
PD1-11.2	Text	Reminder/recall - no calls	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		
PD1-16	Immunization Registry Status	A	
PD1-17	Immunization Registry Status Effective Date	20191001	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20191001	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Gonzales	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Elena	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	MTH	Value-Test Case Fixed
NK1-3.2	Text	Mother	Presence-Content Indifferent
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	3321 Standish Way	Indifferent
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Indifferent
NK1-4.4	State or Province	CT	Indifferent
NK1-4.5	Zip or Postal Code	06903	Indifferent
NK1-4.6	Country		
NK1-4.7	Address Type	L	Indifferent
NK1-5	Phone Number		
NK1-5.2	Telecommunication Use Code	PRN	Indifferent
NK1-5.3	Telecommunication Equipment Type	PH	Indifferent
NK1-5.4	Email Address		
NK1-5.6	Area/City Code	203	Indifferent
NK1-5.7	Local Number	5551214	Indifferent

**ORC[\*]****ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
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	Sirtis	
ORC-10.3	Given Name	Lisa	
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	Carter	
ORC-12.3	Given Name	Jane	
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	SH	
ORC-17.2	Text	Shoreline Hospital	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
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	Molina	
ORC-10.3	Given Name	Sandra	
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	Smith	
ORC-12.3	Given Name	Frank	
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	SP	
ORC-17.2	Text	Shoreline Pediatrics	
ORC-17.3	Name of Coding System	HL70362	

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	20191001	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	
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	08	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	
RXA-10.3	Given Name	Susan	
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	6332FL432	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191214	
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	45	Value-Test Case Fixed
RXA-5.2	Text	hepatitis B vaccine, unspecified formulation	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	107	Value-Test Case Fixed
RXA-5.2	Text	DTaP, unspecified formulation	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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	49	Value-Test Case Fixed
RXA-5.2	Text	Hib	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	152	Value-Test Case Fixed
RXA-5.2	Text	Pneumococcal Conjugate, unspecified formulation	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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	
RXA-21	Action Code - RXA	A	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	Presence-Content Indifferent
RXA-5	Administered Code		
RXA-5.1	Identifier	122	Value-Test Case Fixed
RXA-5.2	Text	rotavirus, unspecified formulation	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	999	Value-Test Case Fixed
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	
RXA-21	Action Code - RXA	A	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30945-0	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC23	Indifferent
OBX-5.2	Text	current fever with moderate-to-severe illness	Presence-Content Indifferent
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	20191031	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30946-8	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication/precaution effective date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30944-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccination temporary contraindication/precaution expiration date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20190101	Presence-Content Indifferent
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	20191201	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30945-0	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC23	Presence-Content Indifferent
OBX-5.2	Text	current fever with moderate-to-severe illness	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30946-8	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication/precaution effective date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30944-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccination temporary contraindication/precaution expiration date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20190101	Presence-Content Indifferent
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	20191201	
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30945-0	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC23	Presence-Content Indifferent
OBX-5.2	Text	current fever with moderate-to-severe illness	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30946-8	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication/precaution effective date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30944-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccination temporary contraindication/precaution expiration date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20190101	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30945-0	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC23	Presence-Content Indifferent
OBX-5.2	Text	current fever with moderate-to-severe illness	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30946-8	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication/precaution effective date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30944-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccination temporary contraindication/precaution expiration date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20190101	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30945-0	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC23	Presence-Content Indifferent
OBX-5.2	Text	current fever with moderate-to-severe illness	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30946-8	Value-Test Case Fixed
OBX-3.2	Text	Vaccination contraindication/precaution effective date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30944-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccination temporary contraindication/precaution expiration date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20191201	Presence-Content Indifferent
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	20191201	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification**

## Patient Information

Element	Data
Patient Name	Juana Mariela Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2019 11:00
Administrative Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	1

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	10/01/2019
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	10/01/2019
Protection Indicator	No
Protection Indicator Effective Date	

## Guardian or Responsible Party

Element	Data
Name	Joanna Elena Gonzales
Relationship	Mother
Address	3321 Standish Way Stamford CT 06903
Phone Number	(203)555-1214

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FL432
Substance Expiration Date	12/14/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

## Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2019
Vaccination temporary contraindication/precaution expiration date	01/01/2019

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP, unspecified formulation
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2019
Vaccination temporary contraindication/precaution expiration date	01/01/2019

## Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2019
Vaccination temporary contraindication/precaution expiration date	01/01/2019

## Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2019
Vaccination temporary contraindication/precaution expiration date	01/01/2019

## Vaccine Administration Information

Element	Data
Administered Vaccine	rotavirus, unspecified formulation
Date/Time Start of Administration	10/31/2019
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2019
Vaccination temporary contraindication/precaution expiration date	12/01/2019

## 4.3.2. Receive ACK Z23 from Immunization Registry

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.

### Test Story

<b>Description</b>
The Immunization Registry returns a positive acknowledgement message indicating that no errors were found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
No Test Objectives
<b>Evaluation Criteria</b>
The acknowledgement message is consumed by the system responsible for the content of the administration message without error.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190224073734.034-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-1.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-AD-1.1_Send_V04_Z22	

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

## 5. Juana Maria Gonzales Visit

Infant twin, Juana Maria Gonzales Morales visits the provider where her immunization history is retrieved from the registry and reconciled with the local information in the medical record to determine vaccines that are due. Vaccinations are ordered and administered. The vaccines are reported to the immunization registry and a vaccine summary is available for the patient.

### Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 5.1. Query the Registry for Juana Maria Gonzales.

EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Maria Gonzales.

### Test Story

#### Description

The EMR Generates a Z44 query to the Immunization Registry to retrieve the Evaluated History and Forecast for Juana Maria Gonzales. Querying the registry will consist of the vendor creating Z44 messages for Juana Maria Gonzales to be sent to the registry. The response will be processed as part of the 'Display, Reconcile, Import and Update Immunization Information' activity.

Using the Z42 Response to Immunization Registry Query, the EMR displays the Evaluated History and Forecast to the user for reconciliation and update. The vendor will receive information back from the registry and show the ability to view and reconcile, and import the information returned by the registry (NOTE: the Z42 message will be provided either manually, or as part of the tool). This test will also look at the system's ability to view the forecast returned by the registry and create a new forecast after reconciling the information.

#### Comments

No Comments

#### Pre-condition

Juana Mariela Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the Juana Mariela Gonzales Initial Data Load.

#### Post-Condition

A Z44 Query is generated and submitted to the Immunization Registry/Test tool, and a Z42 response is returned.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation

Guide for Immunization Messaging Release 1.5).

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 5.1.1. Select Patient Juana Maria Gonzales

Test Step Type: SUT\_MANUAL

Select patient Juana Maria Gonzales, Infant Twin, distinguishing the patient from other patients with similar demographics (twins).

### Test Story

#### Description

Juana Maria Gonzales is selected as the patient and her record is opened in the EMR.

#### Comments

No Comments

#### Pre-condition

Juana Maria Gonzales Initial Data Load completed.

#### Post-Condition

Juana Maria Gonzales is the active working patient in the EMR.

#### Test Objectives

**Select New Patient:** The system must allow a user to enter distinguishing information about patients so that providers can uniquely identify patients who have similar sounding names or other similar identifying information. For example, twins living in the same household will have similar dates of birth, addresses, and may have similar names. EHRs or other clinical software must be able to store information to successfully match with patients in immunization registries, if the information is available. The information includes the mother's maiden name, whether the patient was part of a multiple birth, and the order of the multiple birth. This information allows the provider to correctly identify the patient and also helps assure a match when the EHR send the patient's information to external systems such as an immunization registry.

#### Evaluation Criteria

Tester shall verify that the product can distinguish Juana Maria Gonzales from similar sounding names and her twin using all of the pediatric demographics:

Patient ID (previously listed as "Medicaid Number")	Vendor supplied
Patient ID: Assigning Authority ID (i.e., owning source)/Facility Name	Shoreline Pediatrics
Patient ID: Type (e.g., medical record number, IIS ID)	Vendor supplied
Patient Name: First	Juana
Patient Name: Middle	Maria
Patient Name: Last	Gonzales
Patient Date of Birth	10/01/2019
Birth Time	11:15
Patient Gender (Administrative Sex)	F
Patient Multiple Birth Indicator	Yes
Patient Birth Order	2
Responsible Person Name: First	Joanna
Responsible Person Name: Middle	Elena
Responsible Person Name: Last	Gonzales
Responsible Person Name: Relationship to Patient	Mother

Mother's Name: First	Joanna
Mother's Name: Middle	Elena
Mother's Name: Last	Gonzales
Mother's Name: Maiden Last	Morales
Patient Address: Street	3321 Standish Way
Patient Address: City	Stamford
Patient Address: State	CT
Patient Address: Country	US
Patient Address: Zipcode	06903
Patient Address: County of Residence	Fairfield
Race	White
Ethnicity	Hispanic or Latino
Birthing Facility Name (Birth Delivery Location Address BDL)	Stamford Regional Hospital 15 Atlantic Avenue, Stamford Connecticut 06903
Patient Birth State	CT
Patient Primary Language	English
Patient Telephone Number	(203) 555-1214
Patient Telephone Number Type (e.g., home, cell)	home
Patient E-mail Address	
Publicity Code	Reminder/recall - no calls (03 HL70215)
Protection Indicator	No
Protection Indicator Effective Date	
Immunization Registry Status	
Preferred Contact Method	Text

### Notes

No Note

## 5.1.2. Query Registry for vaccination history and forecast too many matches found response

Test Step Type: SUT\_INITIATOR

Vendor SHALL be able to Generate a Z44 Query correctly and without omission according to supplied test data.

### Test Story

#### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry. This query will result in an error that too many matches are found.

#### Comments

While the query is identical, the response to this step will be that no persons are found. No demographic changes are requested for this step as the error trigger is specific to the test step.

#### Pre-condition

Juana Maria Gonzales Initial Data Load is completed.

Juana Maria Gonzales is the active working patient in the EMR.

#### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Maria Gonzales.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Setup step to test error handling: Test the capability of the EHR-S to process a response message that returns no persons found and to provide an indication to the end user.

#### Evaluation Criteria

Tester shall verify that the vendor can produce a valid Z44 query in accordance with the test data correctly and without omission.

Tester shall verify that the data in the message corresponds to the data in the EMR and contains all test data attributes supplied.

#### Notes

No Note

## Message Contents

### MSH : Message Header

Location	Data Element	Data	Categorization
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190515001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	Value-Test Case Fixed
QPD-4.2	Given Name	Juana	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	Value-Test Case Fixed
QPD-7	Patient Sex	F	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator	Y	Value-Test Case Fixed
QPD-11	Birth order	2	Value-Test Case Fixed

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCP-2.1	Quantity	1	
RCP-2.2	Units		
RCP-2.2.1	Identifier	RD	
RCP-2.2.2	Text	Records	
RCP-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Morales
ID Number	123456
Date/Time of Birth	10/01/2019 11:15
Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903
Patient Phone	(203)555-1214
Birth Indicator	Yes
Birth Order	2

### 5.1.3. Error Handling - Too many matches found

Test Step Type: TA\_RESPONDER

The EMR receives a response from the registry query that too many persons are found. The EMR notifies the user/clinician.

#### Test Story

##### Description

The EMR processes notifies the user that there were too many matches found in response to the query the Immunization Registry for an Evaluated History and Forecast.

##### Comments

The sending (querying) system will need to accept a response indicating that too many matches were found.

##### Pre-condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

##### Post-Condition

The Immunization Registry responds with a message indicating too many matches are found. The EMR has notified the user.

##### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Tests error handling: Test the capability of the EHR-S to process a response message that returns too many matches found and to provide an indication to the end user.

##### Evaluation Criteria

The tester verifies that the user/clinician is notified of no match.

The EHR shall display a notification indicating that the query for an Evaluated Immunization History and Immunization Forecast is complete but too many matching records were found for the person in the query.

##### Notes

No Note

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191031145233-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	NIST-IZ-QR-4.2_Response_TM_K11_Z33	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z33	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	XX	
MSH-22.10	Organization Identifier	100-3322	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code	XX	
MSH-23.10	Organization Identifier	100-6482	

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-QR-3.1_Query_Q11_Z44	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	IZ-3.1-2015	
QAK-2	Query Response Status	TM	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	PH	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

## 5.1.4. Query Registry for vaccination history and forecast no persons found response

Test Step Type: SUT\_INITIATOR

Vendor SHALL be able to Generate a Z44 Query correctly and without omission according to supplied test data.

### Test Story

#### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry. This query will result in an error that no persons are found.

#### Comments

This step is a repeat of Step 2: Query Registry for vaccination history and forecast for Juana Maria Gonzales in order to set up the error-checking response for 'No Persons Found'.

While the query is identical, the response to this step will be that no persons are found. No demographic changes are requested for this step as the error trigger is specific to the test step.

#### Pre-condition

Juana Maria Gonzales Initial Data Load is completed.

Juana Maria Gonzales is the active working patient in the EMR.

#### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Maria Gonzales.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Tests error handling: Test the capability of the EHR-S to process a response message that returns no persons found and to provide an indication to the end user.

#### Evaluation Criteria

Tester verifies that the message has been created and submitted in the test plan to trigger the error handling response in the next step.

#### Notes

Query step is the same as Step 2: Query Registry for vaccination history and forecast for Juana Maria Gonzales. No new requirements tested.

## Message Contents

### MSH : Message Header

Location	Data Element	Data	Categorization
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190515001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	Value-Test Case Fixed
QPD-4.2	Given Name	Juana	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	Value-Test Case Fixed
QPD-7	Patient Sex	F	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator	Y	Value-Test Case Fixed
QPD-11	Birth order	2	Value-Test Case Fixed

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCP-2.1	Quantity	1	
RCP-2.2	Units		
RCP-2.2.1	Identifier	RD	
RCP-2.2.2	Text	Records	
RCP-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Morales
ID Number	123456
Date/Time of Birth	10/01/2019 11:15
Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903
Patient Phone	(203)555-1214
Birth Indicator	Yes
Birth Order	2

## 5.1.5. Error Handling - No persons found

Test Step Type: TA\_RESPONDER

The EMR receives a response from the registry query that no persons are found. The EMR notifies the user/clinician.

### Test Story

#### Description

The EMR processes notifies the user that there were no persons found in response to the query the Immunization Registry for an Evaluated History and Forecast.

#### Comments

The sending (querying) system will need to accept a response indicating that no matches were found.

#### Pre-condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

#### Post-Condition

The Immunization Registry responds with a message indicating no person record is found. The EMR has notified the user.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

Tests error handling: Test the capability of the EHR-S to process a response message that returns no persons found and to provide an indication to the end user.

#### Evaluation Criteria

The tester verifies that the user/clinician is notified of no match.

The EHR shall display a notification indicating that the query for an Evaluated Immunization History and Immunization Forecast is complete but no matching records were found for the person in the query.

#### Notes

No Note

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID	2.16.840.1.113883.3.72.5.40.3	
MSH-3.3	Universal ID Type	ISO	
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID	2.16.840.1.113883.3.72.5.40.4	
MSH-4.3	Universal ID Type	ISO	
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID	2.16.840.1.113883.3.72.5.40.1	
MSH-5.3	Universal ID Type	ISO	
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID	2.16.840.1.113883.3.72.5.40.2	
MSH-6.3	Universal ID Type	ISO	
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191031145233-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	NIST-IZ-QR-3.2_Response_NF_K11_Z33	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z33	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	XX	
MSH-22.10	Organization Identifier	100-3322	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code	XX	
MSH-23.10	Organization Identifier	100-6482	

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	NIST-IZ-QR-3.1_Query_Q11_Z44	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	IZ-3.1-2015	
QAK-2	Query Response Status	NF	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number		
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code		
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	PH	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator		
QPD-11	Birth order		

## Test Data Specification

### Patient Information

Element	Data
This information will be automatically supplied by the System	

## 5.1.6. Query Registry for vaccination history and forecast for Juana Maria Gonzales

Test Step Type: SUT\_INITIATOR

Vendor SHALL be able to Generate a Z44 Query correctly and without omission according to supplied test data.

### Test Story

#### Description

The provider uses the EMR to query the Immunization Registry for an Evaluated History and Forecast based on information known to the Immunization Registry.

#### Comments

This step is a repeat of Step 2: Query Registry for vaccination history and forecast for Juana Maria Gonzales in order to set up the response for the history and forecast that will be imported in the following step.

#### Pre-condition

Juana Maria Gonzales Initial Data Load is completed.

Juana Maria Gonzales is the active working patient in the EMR.

#### Post-Condition

The Immunization Registry responds with Evaluated Vaccine History and Forecast for Juana Maria Gonzales.

#### Test Objectives

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (QBP/RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

#### Evaluation Criteria

Tester verifies that the message has been created and submitted in the test plan to trigger the error handling response in the next step.

#### Notes

Query step is the same as Step 2: Query Registry for vaccination history and forecast for Juana

Query step is the same as Step 2. Query Registry for vaccination history and forecast for Juanita Maria Gonzales. No new requirements tested.

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID		
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID		
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		
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190515001020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	QBP	
MSH-9.2	Trigger Event	Q11	
MSH-9.3	Message Structure	QBP_Q11	
MSH-10	Message Control ID	793543	
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	Z44	
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		
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	Value-Test Case Fixed
QPD-4.2	Given Name	Juana	Value-Test Case Fixed
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
QPD-4.7	Name Type Code	L	Value-Test Case Fixed
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	Value-Test Case Fixed
QPD-5.7	Name Type Code	M	Value-Test Case Fixed
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	Value-Test Case Fixed
QPD-7	Patient Sex	F	Value-Test Case Fixed
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator	Y	Value-Test Case Fixed
QPD-11	Birth order	2	Value-Test Case Fixed

**RCP : Response Control Parameter**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RCP-1	Query Priority	I	
RCP-2	Quantity Limited Request		
RCP-2.1	Quantity	1	
RCP-2.2	Units		
RCP-2.2.1	Identifier	RD	
RCP-2.2.2	Text	Records	
RCP-2.2.3	Name of Coding System	HL70126	

## Test Data Specification

### Patient Information

Element	Data
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Morales
ID Number	123456
Date/Time of Birth	10/01/2019 11:15
Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903
Patient Phone	(203)555-1214
Birth Indicator	Yes
Birth Order	2

## 5.1.7. View and import response to request for vaccination history for Juana Maria Gonzales

Test Step Type: TA\_RESPONDER

The EMR displays the Immunization History results (Z42) returned in response to the Z44 Query and import them into the EMR.

### Test Story

#### Description

The physician accesses the record for Juana Maria Gonzales and:

- Accepts the single vaccine in the registry record into the EHR history.

#### Comments

There is no reconciliation step as there are no historical immunizations in the EMR. All will be imported from the Z42 response.

#### Pre-condition

A Z44 query has been submitted to the Immunization Registry and a Z42 response is provided back to the EMR and the response is available in the EMR for reconciliation and import.

#### Post-Condition

Evaluated Immunization History returned from the registry is reconciled and imported into the patient record (Juana Maria Gonzales).

#### Test Objectives

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

**Real Time Request/Receive Patient Immunization History:** The system sends a request to the public health immunization registry "on demand" (e.g., those without scheduled appointments). The request includes the identifying information the immunization registry needs to match each patient with those in the registry including, if present, the mother's maiden name, a multiple birth indicator, and the birth order. The request also is sent in a pre-determined format the registry can read and interpret (Query Response Grammar (RSP) - HL7 version 2.5.1 Implementation Guide for Immunization Messaging Release 1.5).

#### Evaluation Criteria

1. The EMR displays the information returned from the Immunization Registry according to the Juror Document.

2. The user imports the vaccination given and the date administered returned from the immunization registry as follows:

**a. Vaccinations Imported:**

hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) administered 10/1/2019
---

**Notes**

The message returns 'BG2' in the first name of the patient as the first immunization was given at the time of birth before the patient's first name was selected. The EMR should be able to import this record into the patient record despite the apparent name mismatch retaining the original name, Juana Maria Gonzales.

If the EMR is unable to match and import the previous immunization record, they will need to add the following historical immunization manually. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Vaccine from Practice HepB		
Entered BY	Susan Pike	Y
Ordering Provider	Justin Parker	Y
Entering Organization	Shoreline Hospital	Y
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y
Date/Time of Start of Administration	10/01/2018	Y
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08, NDC 58160-0820-01)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Susan Pike	Y
Administered-at Location	15 Atlantic Avenue, Stamford, CT, 06903	Y
Lot Number	6332FK34	Y
Substance Expiration Date	12/14/2019	Y
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y
Completion Status	Completed (CP)	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y
Administration Site	Left Thigh (HL70163 LT)	Y

## Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	MYIIS	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	MyStateIIS	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	MYEHR	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	Myclinic	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20191130020020-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	RSP	
MSH-9.2	Trigger Event	K11	
MSH-9.3	Message Structure	RSP_K11	
MSH-10	Message Control ID	7731029	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z42	
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	A_Clinic	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	AN	
MSH-22.10	Organization Identifier	A_Clinic1234	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name		
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AA	
MSA-2	Message Control ID	793543	

**QAK : Query Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QAK-1	Query Tag	37374859	
QAK-2	Query Response Status	OK	
QAK-3	Message Query Name		
QAK-3.1	Identifier	Z44	
QAK-3.2	Text	Request Evaluated History and Forecast	
QAK-3.3	Name of Coding System	CDCPHINVS	

**QPD : Query Parameter Definition**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
QPD-1	Message Query Name		
QPD-1.1	Identifier	Z44	
QPD-1.2	Text	Request Evaluated History and Forecast	
QPD-1.3	Name of Coding System	CDCPHINVS	
QPD-2	Query Tag	37374859	
QPD-3	PatientList		
QPD-3.1	ID Number	123456	
QPD-3.4	Assigning Authority		
QPD-3.5	Identifier Type Code	MR	
QPD-4	PatientName		
QPD-4.1	Family Name		
QPD-4.1.1	Surname	Gonzales	
QPD-4.2	Given Name	Juana	
QPD-4.3	Second and Further Given Names or Initials Thereof	Maria	
QPD-4.7	Name Type Code	L	
QPD-5	PatientMotherMaidenName		
QPD-5.1	Family Name		
QPD-5.1.1	Surname	Morales	
QPD-5.7	Name Type Code	M	
QPD-6	PatientDateOfBirth		
QPD-6.1	Time	201910011115	
QPD-7	Patient Sex	F	
QPD-8	Patient Address		
QPD-8.1	Street Address		
QPD-8.1.1	Street or Mailing Address	3321 Standish Way	
QPD-8.2	Other Designation		
QPD-8.3	City	Stamford	
QPD-8.4	State or Province	CT	
QPD-8.5	Zip or Postal Code	06903	
QPD-8.6	Country		
QPD-8.7	Address Type	L	
QPD-9	Phone		
QPD-9.2	Telecommunication Use Code	PRN	
QPD-9.3	Telecommunication Equipment Type	CP	
QPD-9.4	Email Address		
QPD-9.6	Area/City Code	203	
QPD-9.7	Local Number	5551214	
QPD-10	Multiple birth indicator	Y	
QPD-11	Birth order	2	

**PID : Patient Identification**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	Morales	
PID-5.2	Given Name	BG2	
PID-5.3	Second and Further Given Names or Initials Thereof		
PID-5.7	Name Type Code	L	
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011115	
PID-8	Administrative Sex	F	
PID-11	Patient Address		
PID-11.1	Street Address		
PID-11.1.1	Street or Mailing Address	3321 Standish Way	
PID-11.2	Other Designation		
PID-11.3	City	Stamford	
PID-11.4	State or Province	CT	
PID-11.5	Zip or Postal Code	06903	
PID-11.6	Country	USA	
PID-11.7	Address Type	L	
PID-30	Patient Death Indicator		

**ORC[\*]**

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	
ORC-17.2	Text	Stamford Regional Hospital	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**— ORC : Common Order —**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	DCS	
ORC-3.3	Universal ID		
ORC-3.4	Universal ID Type		
ORC-17	Entering Organization		
ORC-17.1	Identifier	STIIS	
ORC-17.2	Text	StateIIS	
ORC-17.3	Name of Coding System	HL70362	

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	20191001	
RXA-5	Administered Code		
RXA-5.1	Identifier	08	
RXA-5.2	Text	Hepatitis B	
RXA-5.3	Name of Coding System	CVX	
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	
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	
RXA-10.3	Given Name	Susan	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	998	
RXA-5.2	Text	no vaccine admin	
RXA-5.3	Name of Coding System	CVX	
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-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	

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	
RXR-1.2	Text	IM	
RXR-1.3	Name of Coding System	NCIT	
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	
RXR-2.2	Text	Left Thigh	
RXR-2.3	Name of Coding System	HL70163	

**OBX : Observation/Result**

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	45	
OBX-5.2	Text	Hep B, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59782-3	
OBX-3.2	Text	number of doses in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	3	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	ID	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59781-5	
OBX-3.2	Text	Dose validity	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	Y	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	45	
OBX-5.2	Text	Hep B, unspecified formulation	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191031	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191201	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	2	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191216	

**OBX : Observation/Result**

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	107	
OBX-5.2	Text	DTaP, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	17	
OBX-5.2	Text	Hib	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	10	
OBX-5.2	Text	IPV	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	152	
OBX-5.2	Text	Pneumococcal Conjugate, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	122	
OBX-5.2	Text	rotavirus, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20191130	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	88	
OBX-5.2	Text	influenza, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20200901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20200901	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	85	
OBX-5.2	Text	Hep A, unspecified formulation	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201002	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

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	03	
OBX-5.2	Text	MMR	
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		

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

Location	Data Element	Data	Categorization
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20210101	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	21	
OBX-5.2	Text	Varicella	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59779-9	
OBX-3.2	Text	Immunization Schedule used	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	VXC16	
OBX-5.2	Text	ACIP	
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	20191031	

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30981-5	
OBX-3.2	Text	Earliest date to give	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30980-7	
OBX-3.2	Text	Date vaccination due	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20201001	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	5	
OBX-2	Value Type	DT	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	59778-1	
OBX-3.2	Text	Date dose is overdue	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	20210101	
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		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	6	
OBX-2	Value Type	NM	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30973-2	
OBX-3.2	Text	dose number in series	
OBX-3.3	Name of Coding System	LN	
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value	1	
OBX-6	Units		
OBX-6.1	Identifier	NA	
OBX-6.2	Text		
OBX-6.3	Name of Coding System	HL70353	
OBX-11	Observation Result Status	F	
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20181031	

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
This information will be automatically supplied by the System	

**Juror Document**

<b>Evaluated Immunization History and Immunization Forecast</b>		
<b>Test Case ID</b>	Query the Registry for Juana Maria Gonzales.	
<b>Juror ID</b>		
<b>Juror Name</b>		
<b>HIT System Tested</b>		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement (Pass/Fail)</b>	<b>Pass</b> <input type="checkbox"/>	<b>Fail</b> <input type="checkbox"/>
<b>Reason Failed</b>		
<b>Juror Comments</b>		

**DISPLAY VERIFICATION**

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	BG2 Morales	
Date of Birth	10/01/2019	
Sex	Female	
Address 1		
Street	3321 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Joanna Elena Morales	
<p>When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Stamford Regional Hospital	
Vaccine Group	Hep B, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	10/01/2019	
Date/Time Administration-End	10/01/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	Susan Pike	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	15 Atlantic Avenue	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

\* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	12/01/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hib	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Pneumococcal Conjugate, unspecified formulation	
Vaccine Due Date	11/30/2019	

Immunization Forecast		
Element Name	Data	Tester Comment
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Due Date	11/30/2019	
Earliest Date to Give	11/30/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2020	
Earliest Date to Give	09/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2021	

Immunization Forecast		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/01/2020	
Earliest Date to Give	10/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2021	
Status in Immunization Series		
Forecast Reason		

## 5.1.8. View the vaccination forecast for Juana Maria Gonzales

Test Step Type: SUT\_MANUAL

The EMR displays the current Immunization Forecast to the user for Juana Maria Gonzales either as returned by the IIS in prior step, or as generated thru any local means.

### Test Story

#### Description

The physician accesses the record for Juana Maria Gonzales and:

- Views the vaccine forecast (either as provided by the Immunization Registry or as determined through EMR defined methods).

#### Comments

No Comments

#### Pre-condition

EMR Vaccine History is imported from the Immunization History returned from the Immunization Registry (previous step 'View and import response to request for vaccination history for Juana Maria Gonzales').

#### Post-Condition

A vaccine forecast based upon the imported vaccine history is available to the user.

#### Test Objectives

**View Reconciled Immunization Forecast:** The EHR or other clinical software system has the ability to re-evaluate and update the immunization forecast using a patient's newly updated immunization history, where the updated forecast results from the reconciliation of immunization data contained in the public health immunization registry with immunization data contained in the EHR. Processing the new forecast can be internal to the EHR or it can use an external forecasting service.

#### Evaluation Criteria

1. Tester verifies that the vendor can display the immunization forecast based upon the reconciled vaccination history:

2. Verify that the EMR includes in the vaccine forecast:

Hep B Peds NOS due on 10/31/2019

DTaP due on 11/30/2019

Hib due on 11/30/2019

IPV due on 11/30/2019

Pneumococcal conjugate due on 11/30/2019

Rotavirus due on 11/30/2019

HepA due on 10/1/2020

MMR due on 10/1/2020

Varicella due on 10/1/2020

influenza, unspecified formulation due on Sept 1, 2020 or later

#### Notes

The due date must be in range for the date shown. Vaccine forecast dates may be plus or minus 10 days to accommodate differences in date handling.

Further variation should be documented in the notable exceptions, but minimally each forecast vaccine must be present.

## 5.2. Juana Maria Gonzales, Enter Orders and Immunizations

Orders and Immunization events, non-administrations, and alerts presented for current visit.

### Test Story

<b>Description</b>
This test will consist of ordering vaccines for the test patients, reviewing any alerts caused by specific scenarios, and documenting vaccinations administered to the patients.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
Juana Maria Gonzales is entered as a patient in the EMR with complete Demographic data, Immunization History Data, and Clinical Data according to the steps in the 'Juana Maria Gonzales Initial Data Load'.
<b>Post-Condition</b>
Visit orders are entered in Juana Maria Gonzales' record.
<b>Test Objectives</b>
Supporting data for error handling tests.
<b>Record Vaccine Administration:</b> The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.
<b>Evaluation Criteria</b>
Evaluation criteria is defined within each test step.
<b>Notes</b>
No Note

## 5.2.1. Record Combo Vaccine administration

Test Step Type: SUT\_MANUAL

The EMR is able to document all attributes associated with the new vaccine administration.

### Test Story

#### Description

The nurse administers the DTaP-hepatitis B and poliovirus vaccine:

- Documents all required information for the vaccine.

#### Comments

No Comments

#### Pre-condition

Order is placed for DTaP-hepatitis B and poliovirus vaccine.

#### Post-Condition

The DTaP-hepatitis B and poliovirus vaccination is recorded in the EMR.

#### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

#### Evaluation Criteria

The EMR Records the following vaccine administration information. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

Entered BY	Sandra Molina
Ordering Provider	Frank Smith
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	New immunization record (NIP001 00)
Date/Time of Start of Administration	Current Date
Vaccine Administered	DTaP-hepatitis B and poliovirus vaccine (CVX 110) Pediarix (NDC 58160-0811-43)[LR1]

## 2-D Data Matrix



GTIN	10358160811439
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administration Notes	
Administering Provider	Sandra Molina
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901
Lot Number	6559FK32
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)
Completion Status	Completed (CP)
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
Administration Site	Left Deltoid (HL70163 LD)
VFC Eligibility	No
Funding Source	Private

### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).

## 5.3. Juana Maria Gonzales Morales Transmit Immunization Report - Error Handling

This Test Case verifies the ability of the EMR to handle errors and warnings in response to the Send the Immunization Report to the Immunization Registry (VXU/Z22) transaction for Juana Maria Gonzales.

### Test Story

#### Description

Following the vaccinations given during the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The Vaccination report includes all newly administered vaccines. The report MAY send the immunizations that the EMR imported from the IIS.

This transaction will result in an error or warning from the IIS.

#### Comments

No Comments

#### Pre-condition

The vaccines for the visit have been administered.

#### Post-Condition

The IIS has received the vaccine information (Z22 message) and issued a Z23 response with an error or warning.

#### Test Objectives

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

Verify that the EMR is able to receive and display the error or warning response from the IIS.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. NDC codes, CVX for immunizations.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

### **5.3.1. Transmit the Immunization Report for Juana Maria Gonzales Morales - Fatal Error Handling**

Test Step Type: SUT\_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This will result in a fatal error from the IIS to assess the EMR ability to receive and display the error.

#### **Test Story**

##### **Description**

Following the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. The report MAY send the immunizations that the EMR imported from the IIS. This will result in a warning from the IIS to assess the EMR ability to receive and display the error.

##### **Comments**

The Report must include all vaccine deferrals recorded in the EMR in any order. The report may include the information imported from the IIS.

##### **Pre-condition**

The vaccines for the visit have been administered.

##### **Post-Condition**

The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.

##### **Test Objectives**

**Transmit Standard Patient Immunization History Report:** The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.

Setup to verify that the EMR is able to receive and display the error response from the IIS.

**Link Standard Codes to Immunization Data:** The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization.

- a. NDC codes, CVX for immunizations.

##### **Evaluation Criteria**

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

##### **Notes**

The protection indicator for Juana Maria is 'Yes'. If this setting restricts the EMR from transmitting to the IIS, then the protection indicator for Juana Maria may be modified to 'No' for the purpose of this transaction.

## Message Contents

### MSH : Message Header

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	20190701082240-0500	
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	IPIEHRFAC	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	IPIIISFAC	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 : Patient Identification

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	Gonzales	Value-Test Case Fixed
PID-5.2	Given Name	Juana	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
PID-5.7	Name Type Code	L	
PID-6	Mother's Maiden Name		
PID-6.1	Family Name		
PID-6.1.1	Surname	Morales	
PID-6.7	Name Type Code	M	
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011115	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	Presence-Content Indifferent
PID-10.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-11[1]	Patient Address		
PID-11[1].1	Street Address		
PID-11[1].1.1	Street or Mailing Address	3321 Standish Way	Value-Test Case Fixed
PID-11[1].2	Other Designation		
PID-11[1].3	City	Stamford	Value-Test Case Fixed
PID-11[1].4	State or Province	CT	Value-Test Case Fixed
PID-11[1].5	Zip or Postal Code	06903	Value-Test Case Fixed
PID-11[1].6	Country	USA	Value-Test Case Fixed
PID-11[1].7	Address Type	L	Value-Test Case Fixed
PID-11[2]	Patient Address		
PID-11[2].1	Street Address		
PID-11[2].1.1	Street or Mailing Address	325 Shoreline Drive	
PID-11[2].2	Other Designation		
PID-11[2].3	City	Stamford	
PID-11[2].4	State or Province	CT	
PID-11[2].5	Zip or Postal Code	06901	
PID-11[2].6	Country		
PID-11[2].7	Address Type	BDL	
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	5551214	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	Presence-Content Indifferent
PID-22.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-24	Multiple Birth Indicator	Y	Value-Test Case Fixed

PID-25	Birth Order	2	
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

Location	Data Element	Data	Categorization
PD1-11	Publicity Code		
PD1-11.1	Identifier	03	Value-Test Case Fixed
PD1-11.2	Text	Reminder/recall - no calls	Presence-Content Indifferent
PD1-11.3	Name of Coding System	HL70215	Value-Test Case Fixed
PD1-12	Protection Indicator	Y	Value-Test Case Fixed
PD1-13	Protection Indicator Effective Date	20191001	Presence-Content Indifferent
PD1-16	Immunization Registry Status	A	Value-Test Case Fixed
PD1-17	Immunization Registry Status Effective Date	20191001	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20191001	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

Location	Data Element	Data	Categorization
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Gonzales	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Elena	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	MTH	Value-Test Case Fixed
NK1-3.2	Text	Mother	Presence-Configuration
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	3321 Standish Way	Indifferent
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Indifferent
NK1-4.4	State or Province	CT	Indifferent
NK1-4.5	Zip or Postal Code	06903	Indifferent
NK1-4.6	Country		
NK1-4.7	Address Type	L	Indifferent
NK1-5	Phone Number		
NK1-5.2	Telecommunication Use Code	PRN	Indifferent
NK1-5.3	Telecommunication Equipment Type	PH	Indifferent
NK1-5.4	Email Address		
NK1-5.6	Area/City Code	203	Indifferent
NK1-5.7	Local Number	5551214	Indifferent

**ORC[\*]****ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
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	Sirtis	Presence-Content Indifferent
ORC-10.3	Given Name	Lisa	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	Carter	Indifferent
ORC-12.3	Given Name	Jane	Indifferent
ORC-12.4	Second and Further Given Names or Initials Thereof		
ORC-12.9	Assigning Authority		
ORC-12.10	Name Type Code	L	Indifferent
ORC-12.13	Identifier Type Code		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Hospital	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Value-Test Case Fixed
ORC-10.3	Given Name	Sandra	Value-Test Case Fixed
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	Smith	Value-Test Case Fixed
ORC-12.3	Given Name	Frank	Value-Test Case Fixed
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Value-Test Case Fixed
ORC-17.3	Name of Coding System	HL70362	Value-Test Case Fixed

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	20191001	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.5	Indifferent
RXA-7	Administered Units		
RXA-7.1	Identifier	mL	Indifferent
RXA-7.2	Text		
RXA-7.3	Name of Coding System	UCUM	Indifferent
RXA-9	Administration Notes		
RXA-9.1	Identifier	08	Presence-Content Indifferent
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	Presence-Configuration
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	Indifferent
RXA-10.3	Given Name	Susan	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	6332FL432	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191214	Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	Indifferent
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	Indifferent
RXA-17.3	Name of Coding System	MVX	Indifferent
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	Value-Test Case Fixed

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	110	Value-Test Case Fixed
RXA-5.2	Text	DTaP-HepB-IPV	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	00	Value-Test Case Fixed
RXA-9.2	Text	New immunization record	Presence-Content Indifferent
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	Molina	Value-Test Case Fixed
RXA-10.3	Given Name	Sandra	Value-Test Case Fixed
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	6559FK32	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	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	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	Value-Test Case Fixed

**RXR[\*]****RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	Indifferent
RXR-1.2	Text	Intramuscular	Indifferent
RXR-1.3	Name of Coding System	NCIT	Indifferent
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	Indifferent
RXR-2.2	Text	Left Thigh	Indifferent
RXR-2.3	Name of Coding System	HL70163	Indifferent

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	69764-9	Value-Test Case Fixed
OBX-3.2	Text	Document Type	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300026411121116	Presence-Content Indifferent
OBX-5.2	Text	Multiple Vaccines VIS	
OBX-5.3	Name of Coding System	cdegs1vis	
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	VIS Presentation Date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20181031	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	V01	Presence-Content Indifferent
OBX-5.2	Text	Not VFC eligible	
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30963-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccine funding source	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	PHC70	Value-Test Case Fixed
OBX-5.2	Text	Private	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Value-Test Case Fixed
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2019 11:15
Administrative Sex	Female
Patient Address 1	3321 Standish Way Stamford CT 06903 USA
Patient Address 2	325 Shorline Drive Stamford CT 06901
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	2

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	10/01/2019
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	10/01/2019
Protection Indicator	Yes
Protection Indicator Effective Date	10/01/2019

## Guardian or Responsible Party

Element	Data
Name	Joanna Elena Gonzales
Relationship	Mother
Address	3321 Standish Way Stamford CT 06903
Phone Number	(203)555-1214

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FL432
Substance Expiration Date	12/14/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP-HepB-IPV
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	New immunization record
Administering Provider	Sandra Molina
Substance Lot Number	6559FK32
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Document Type	Multiple Vaccines VIS
VIS Presentation Date	10/31/2018
vaccine fund pgm elig cat	Not VFC eligible
Vaccine funding source	Private

### 5.3.2. Receive ACK Z23 Fatal Error - CVX Code

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a fatal error message indicating a table mapping error for the CVX code submitted was found during the course of filing the message.

#### Test Story

<b>Description</b>
The Immunization Registry returns a fatal error message indicating a table mapping error for the CVX code submitted was found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
<b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
Error Handling Support for a fatal error returned by the IIS, and the ability of the EMR to display a notification of this error to the user.
<b>Evaluation Criteria</b>
The acknowledgement error message is consumed by the system responsible for the content of the administration message.
The error returned is visible in the EMR.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

#### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190625121047.853-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-7.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	XX	
MSH-22.10	Organization Identifier	100-3322	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code	XX	
MSH-23.10	Organization Identifier	100-6482	

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AE	
MSA-2	Message Control ID	NIST-IZ-AD-7.1_Send_V04_Z22	

**ERR : Error**

Location	Data Element	Data	Categorization
ERR-2	Error Location		
ERR-2.1	Segment ID	RXA	
ERR-2.2	Segment Sequence	1	
ERR-2.3	Field Position	5	
ERR-2.4	Field Repetition	1	
ERR-2.5	Component Number	1	
ERR-2.6	Sub-Component Number		
ERR-3	HL7 Error Code		
ERR-3.1	Identifier	999	
ERR-3.2	Text	Application error	
ERR-3.3	Name of Coding System	HL70357	
ERR-4	Severity	E	
ERR-5	Application Error Code		
ERR-5.1	Identifier	5	
ERR-5.2	Text	Table value not found	
ERR-5.3	Name of Coding System	HL70533	
ERR-8	User Message	Vaccine code not recognized - message rejected	

**Test Data Specification****Patient Information**

Element	Data
This information will be automatically supplied by the System	

### 5.3.3. Transmit the Immunization Report for Juana Maria Gonzales - warning handling

Test Step Type: SUT\_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This will result in a warning from the IIS to assess the EMR ability to receive and display the warning.

#### Test Story

<b>Description</b> Following the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. This will result in multiple warnings from the IIS to assess the EMR ability to receive and display the error.
<b>Comments</b> The Report must include the newly administered vaccine recorded in the EMR. The report may include the information imported from the IIS.
<b>Pre-condition</b> The vaccines for the visit have been administered.
<b>Post-Condition</b> The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  Set up to verify that the EMR is able to receive and display the multiple warning response from the IIS.  <b>Link Standard Codes to Immunization Data:</b> The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization. a. NDC codes, CVX for immunizations.
<b>Evaluation Criteria</b> The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.
<b>Notes</b> The protection indicator for Juana Maria is 'Yes'. If this setting restricts the EMR from transmitting to the IIS, then the protection indicator for Juana Maria may be modified to 'No' for the purpose of this transaction.

## Message Contents

### MSH : Message Header

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	20190701082240-0500	
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	IPIEHRFAC	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	IPIIISFAC	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 : Patient Identification

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	Gonzales	Value-Test Case Fixed
PID-5.2	Given Name	Juana	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
PID-5.7	Name Type Code	L	
PID-6	Mother's Maiden Name		
PID-6.1	Family Name		
PID-6.1.1	Surname	Morales	
PID-6.7	Name Type Code	M	
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011115	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	Presence-Content Indifferent
PID-10.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-11[1]	Patient Address		
PID-11[1].1	Street Address		
PID-11[1].1.1	Street or Mailing Address	3321 Standish Way	Value-Test Case Fixed
PID-11[1].2	Other Designation		
PID-11[1].3	City	Stamford	Value-Test Case Fixed
PID-11[1].4	State or Province	CT	Value-Test Case Fixed
PID-11[1].5	Zip or Postal Code	06903	Value-Test Case Fixed
PID-11[1].6	Country	USA	Value-Test Case Fixed
PID-11[1].7	Address Type	L	Value-Test Case Fixed
PID-11[2]	Patient Address		
PID-11[2].1	Street Address		
PID-11[2].1.1	Street or Mailing Address	325 Shorline Drive	
PID-11[2].2	Other Designation		
PID-11[2].3	City	Stamford	
PID-11[2].4	State or Province	CT	
PID-11[2].5	Zip or Postal Code	06901	
PID-11[2].6	Country		
PID-11[2].7	Address Type	BDL	
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	5551214	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	Presence-Content Indifferent
PID-22.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-24	Multiple Birth Indicator	Y	Value-Test Case Fixed

PID-25	Birth Order	2	
PID-29	Patient Death Date and Time		
PID-29.1	Time		
PID-30	Patient Death Indicator		

**PD1 : Patient Additional Demographic**

Location	Data Element	Data	Categorization
PD1-11	Publicity Code		
PD1-11.1	Identifier	03	Value-Test Case Fixed
PD1-11.2	Text	Reminder/recall - no calls	Presence-Content Indifferent
PD1-11.3	Name of Coding System	HL70215	Value-Test Case Fixed
PD1-12	Protection Indicator	Y	Value-Test Case Fixed
PD1-13	Protection Indicator Effective Date	20181001	Presence-Content Indifferent
PD1-16	Immunization Registry Status	A	Value-Test Case Fixed
PD1-17	Immunization Registry Status Effective Date	20191001	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20191001	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

Location	Data Element	Data	Categorization
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Gonzales	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Elena	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	MTH	Value-Test Case Fixed
NK1-3.2	Text	Mother	Presence-Configuration
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	3321 Standish Way	Indifferent
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Indifferent
NK1-4.4	State or Province	CT	Indifferent
NK1-4.5	Zip or Postal Code	06903	Indifferent
NK1-4.6	Country		
NK1-4.7	Address Type	L	Indifferent
NK1-5	Phone Number		
NK1-5.2	Telecommunication Use Code	PRN	Indifferent
NK1-5.3	Telecommunication Equipment Type	PH	Indifferent
NK1-5.4	Email Address		
NK1-5.6	Area/City Code	203	Indifferent
NK1-5.7	Local Number	5551214	Indifferent

**ORC[\*]****ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
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	Sirtis	Presence-Content Indifferent
ORC-10.3	Given Name	Lisa	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	Carter	Indifferent
ORC-12.3	Given Name	Jane	Indifferent
ORC-12.4	Second and Further Given Names or Initials Thereof		
ORC-12.9	Assigning Authority		
ORC-12.10	Name Type Code	L	Indifferent
ORC-12.13	Identifier Type Code		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Hospital	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Value-Test Case Fixed
ORC-10.3	Given Name	Sandra	Value-Test Case Fixed
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	Smith	Value-Test Case Fixed
ORC-12.3	Given Name	Frank	Value-Test Case Fixed
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Value-Test Case Fixed
ORC-17.3	Name of Coding System	HL70362	Value-Test Case Fixed

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	20191001	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.5	Indifferent
RXA-7	Administered Units		
RXA-7.1	Identifier	mL	Indifferent
RXA-7.2	Text		
RXA-7.3	Name of Coding System	UCUM	Indifferent
RXA-9	Administration Notes		
RXA-9.1	Identifier	08	Presence-Content Indifferent
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	Presence-Configuration
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	Indifferent
RXA-10.3	Given Name	Susan	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	6332FL432	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191214	Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	Indifferent
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	Indifferent
RXA-17.3	Name of Coding System	MVX	Indifferent
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	Value-Test Case Fixed

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	110	Value-Test Case Fixed
RXA-5.2	Text	DTaP-HepB-IPV+	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	00	Value-Test Case Fixed
RXA-9.2	Text	New immunization record	Presence-Content Indifferent
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	Molina	Value-Test Case Fixed
RXA-10.3	Given Name	Sandra	Value-Test Case Fixed
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	6559FK32	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	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	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	Value-Test Case Fixed

**RXR[\*]****RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	Indifferent
RXR-1.2	Text	Intramuscular	Indifferent
RXR-1.3	Name of Coding System	NCIT	Indifferent
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	Indifferent
RXR-2.2	Text	Left Thigh	Indifferent
RXR-2.3	Name of Coding System	HL70163	Indifferent

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	69764-9	Value-Test Case Fixed
OBX-3.2	Text	Document Type	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300026411121116	Presence-Content Indifferent
OBX-5.2	Text	Multiple Vaccines VIS	
OBX-5.3	Name of Coding System	cdegs1vis	
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	VIS Presentation Date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20181031	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	V01	Presence-Content Indifferent
OBX-5.2	Text	Not VFC eligible	
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30963-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccine funding source	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	PHC70	Value-Test Case Fixed
OBX-5.2	Text	Private	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Value-Test Case Fixed
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2019 11:15
Administrative Sex	Female
Patient Address 1	3321 Standish Way Stamford CT 06903 USA
Patient Address 2	325 Shorline Drive Stamford CT 06901
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	2

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	10/01/2019
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	10/01/2019
Protection Indicator	Yes
Protection Indicator Effective Date	10/01/2018

## Guardian or Responsible Party

Element	Data
Name	Joanna Elena Gonzales
Relationship	Mother
Address	3321 Standish Way Stamford CT 06903
Phone Number	(203)555-1214

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FL432
Substance Expiration Date	12/14/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP-HepB-IPV+
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	New immunization record
Administering Provider	Sandra Molina
Substance Lot Number	6559FK32
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Document Type	Multiple Vaccines VIS
VIS Presentation Date	10/31/2018
vaccine fund pgm elig cat	Not VFC eligible
Vaccine funding source	Private

## 5.3.4. Receive ACK Z23 Warning - Invalid Value

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a warning message indicating an invalid administration site code submitted was found during the course of filing the message.

### Test Story

<b>Description</b> The Immunization Registry returns a warning message indicating an unrecognized administration site code submitted was found during the course of filing the message.
<b>Comments</b> No Comments
<b>Pre-condition</b> A VXU message is generated by the EHR.
<b>Post-Condition</b> The ACK Z23 is received by the EHR.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  Error Handling Support for a warning returned by the IIS, and the ability of the EMR to display a notification of this warning to the user.
<b>Evaluation Criteria</b> The acknowledgement warning message is consumed by the system responsible for the content of the administration message.  The warning returned is visible in the EMR.
<b>Notes</b> <b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

### Message Contents

**MSH : Message Header**

Location	Data Element	Data	Categorization
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID	2.16.840.1.113883.3.72.5.40.3	
MSH-3.3	Universal ID Type	ISO	
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID	2.16.840.1.113883.3.72.5.40.4	
MSH-4.3	Universal ID Type	ISO	
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID	2.16.840.1.113883.3.72.5.40.1	
MSH-5.3	Universal ID Type	ISO	
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID	2.16.840.1.113883.3.72.5.40.2	
MSH-6.3	Universal ID Type	ISO	
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190625103328.758-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-8.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code	XX	
MSH-22.10	Organization Identifier	100-3322	
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code	XX	
MSH-23.10	Organization Identifier	100-6482	

**MSA : Message Acknowledgment**

Location	Data Element	Data	Categorization
MSA-1	Acknowledgment Code	AE	
MSA-2	Message Control ID	NIST-IZ-AD-8.1_Send_V04_Z22	

**ERR : Error**

Location	Data Element	Data	Categorization
ERR-2	Error Location		
ERR-2.1	Segment ID	RXR	
ERR-2.2	Segment Sequence	2	
ERR-2.3	Field Position	1	
ERR-2.4	Field Repetition	1	
ERR-2.5	Component Number	1	
ERR-2.6	Sub-Component Number		
ERR-3	HL7 Error Code		
ERR-3.1	Identifier	999	
ERR-3.2	Text	Application error	
ERR-3.3	Name of Coding System	HL70357	
ERR-4	Severity	W	
ERR-5	Application Error Code		
ERR-5.1	Identifier	5	
ERR-5.2	Text	Table value not found	
ERR-5.3	Name of Coding System	HL70533	
ERR-8	User Message	Administration Site not recognized - site data will not be saved	

**Test Data Specification****Patient Information**

Element	Data
This information will be automatically supplied by the System	

## 5.3.5. Transmit the Immunization Report for Juana Maria Gonzales - Multiple warning handling

Test Step Type: SUT\_INITIATOR

The EMR sends the Immunization Report to the Immunization Registry (VXU/Z22) for updated vaccination information from the visit. This will result in multiple warnings from the IIS to assess the EMR ability to receive and display the warnings.

### Test Story

<b>Description</b> Following the visit, the EMR transmits an Immunization report to the Immunization Registry using the VXU/Z22. This will result in multiple warnings from the IIS to assess the EMR ability to receive and display the warnings.
<b>Comments</b> The Report must include the newly administered vaccine recorded in the EMR. The report may include the information imported from the IIS.
<b>Pre-condition</b> The vaccines for the visit have been administered.
<b>Post-Condition</b> The Immunization Report has been transmitted to the IIS using a valid Z22 VXU in accordance with the test data correctly and without omission.
<b>Test Objectives</b> <b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.  Set up to verify that the EMR is able to receive and display the multiple warning response from the IIS.  <b>Link Standard Codes to Immunization Data:</b> The EHR or other clinical software system links standard codes to discrete data elements associated with an immunization. a. NDC codes, CVX for immunizations.
<b>Evaluation Criteria</b> The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.
<b>Notes</b> The protection indicator for Juana Maria is 'Yes'. If this setting restricts the EMR from transmitting to the IIS, then the protection indicator for Juana Maria may be modified to 'No' for the purpose of this transaction.

## Message Contents

### MSH : Message Header

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	20190701082240-0500	
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	IPIEHRFAC	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	IPIIISFAC	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 : Patient Identification

Location	Data Element	Data	Categorization
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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	Gonzales	Value-Test Case Fixed
PID-5.2	Given Name	Juana	Value-Test Case Fixed
PID-5.3	Second and Further Given Names or Initials Thereof	Maria	Value-Test Case Fixed
PID-5.7	Name Type Code	L	
PID-6	Mother's Maiden Name		
PID-6.1	Family Name		
PID-6.1.1	Surname	Morales	
PID-6.7	Name Type Code	M	
PID-7	Date/Time of Birth		
PID-7.1	Time	201910011115	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	Presence-Content Indifferent
PID-10.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-11[1]	Patient Address		
PID-11[1].1	Street Address		
PID-11[1].1.1	Street or Mailing Address	3321 Standish Way	Value-Test Case Fixed
PID-11[1].2	Other Designation		
PID-11[1].3	City	Stamford	Value-Test Case Fixed
PID-11[1].4	State or Province	CT	Value-Test Case Fixed
PID-11[1].5	Zip or Postal Code	06903	Value-Test Case Fixed
PID-11[1].6	Country	USA	Value-Test Case Fixed
PID-11[1].7	Address Type	L	Value-Test Case Fixed
PID-11[2]	Patient Address		
PID-11[2].1	Street Address		
PID-11[2].1.1	Street or Mailing Address	325 Shorline Drive	
PID-11[2].2	Other Designation		
PID-11[2].3	City	Stamford	
PID-11[2].4	State or Province	CT	
PID-11[2].5	Zip or Postal Code	06901	
PID-11[2].6	Country		
PID-11[2].7	Address Type	BDL	
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	5551214	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	Presence-Content Indifferent
PID-22.3	Name of Coding System	CDCREC	Value-Test Case Fixed
PID-24	Multiple Birth Indicator	Y	Value-Test Case Fixed

PID-25	Birth Order	2
PID-29	Patient Death Date and Time	
PID-29.1	Time	
PID-30	Patient Death Indicator	

**PD1 : Patient Additional Demographic**

Location	Data Element	Data	Categorization
PD1-11	Publicity Code		
PD1-11.1	Identifier	03	Value-Test Case Fixed
PD1-11.2	Text	Reminder/recall - no calls	Presence-Content Indifferent
PD1-11.3	Name of Coding System	HL70215	Value-Test Case Fixed
PD1-12	Protection Indicator	Y	Value-Test Case Fixed
PD1-13	Protection Indicator Effective Date	20191001	Presence-Content Indifferent
PD1-16	Immunization Registry Status	A	Value-Test Case Fixed
PD1-17	Immunization Registry Status Effective Date	20191001	Presence-Content Indifferent
PD1-18	Publicity Code Effective Date	20191001	Presence-Content Indifferent

**NK1 : Next of Kin / Associated Parties**

Location	Data Element	Data	Categorization
NK1-1	Set ID - NK1	1	
NK1-2	Name		
NK1-2.1	Family Name		
NK1-2.1.1	Surname	Gonzales	Value-Test Case Fixed
NK1-2.2	Given Name	Joanna	Value-Test Case Fixed
NK1-2.3	Second and Further Given Names or Initials Thereof	Elena	Value-Test Case Fixed
NK1-2.7	Name Type Code	L	Value-Test Case Fixed
NK1-3	Relationship		
NK1-3.1	Identifier	MTH	Value-Test Case Fixed
NK1-3.2	Text	Mother	Presence-Configuration
NK1-3.3	Name of Coding System	HL70063	Value-Test Case Fixed
NK1-4	Address		
NK1-4.1	Street Address		
NK1-4.1.1	Street or Mailing Address	3321 Standish Way	Indifferent
NK1-4.2	Other Designation		
NK1-4.3	City	Stamford	Indifferent
NK1-4.4	State or Province	CT	Indifferent
NK1-4.5	Zip or Postal Code	06903	Indifferent
NK1-4.6	Country		
NK1-4.7	Address Type	L	Indifferent
NK1-5	Phone Number		
NK1-5.2	Telecommunication Use Code	PRN	Indifferent
NK1-5.3	Telecommunication Equipment Type	PH	Indifferent
NK1-5.4	Email Address		
NK1-5.6	Area/City Code	203	Indifferent
NK1-5.7	Local Number	5551214	Indifferent

**ORC[\*]****ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197027	
ORC-3.2	Namespace ID	SH	
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	Sirtis	Presence-Content Indifferent
ORC-10.3	Given Name	Lisa	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	Carter	Indifferent
ORC-12.3	Given Name	Jane	Indifferent
ORC-12.4	Second and Further Given Names or Initials Thereof		
ORC-12.9	Assigning Authority		
ORC-12.10	Name Type Code	L	Indifferent
ORC-12.13	Identifier Type Code		
ORC-17	Entering Organization		
ORC-17.1	Identifier	SH	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Hospital	Presence-Content Indifferent
ORC-17.3	Name of Coding System	HL70362	Presence-Content Indifferent

**ORC : Common Order**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	197028	
ORC-3.2	Namespace ID	SP	
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	Molina	Value-Test Case Fixed
ORC-10.3	Given Name	Sandra	Value-Test Case Fixed
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	Smith	Value-Test Case Fixed
ORC-12.3	Given Name	Frank	Value-Test Case Fixed
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	SP	Presence-Content Indifferent
ORC-17.2	Text	Shoreline Pediatrics	Value-Test Case Fixed
ORC-17.3	Name of Coding System	HL70362	Value-Test Case Fixed

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	20191001	Value-Test Case Fixed
RXA-5	Administered Code		
RXA-5.1	Identifier	08	Value-Test Case Fixed
RXA-5.2	Text	Hepatitis B	Presence-Content Indifferent
RXA-5.3	Name of Coding System	CVX	Value-Test Case Fixed
RXA-6	Administered Amount	0.5	Indifferent
RXA-7	Administered Units		
RXA-7.1	Identifier	mL	Indifferent
RXA-7.2	Text		
RXA-7.3	Name of Coding System	UCUM	Indifferent
RXA-9	Administration Notes		
RXA-9.1	Identifier	08	Presence-Content Indifferent
RXA-9.2	Text		
RXA-9.3	Name of Coding System	NIP001	Presence-Configuration
RXA-10	Administering Provider		
RXA-10.1	ID Number		
RXA-10.2	Family Name		
RXA-10.2.1	Surname	Pike	Indifferent
RXA-10.3	Given Name	Susan	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	6332FL432	
RXA-16	Substance Expiration Date		
RXA-16.1	Time	20191214	Indifferent
RXA-17	Substance Manufacturer Name		
RXA-17.1	Identifier	SKB	Indifferent
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	Indifferent
RXA-17.3	Name of Coding System	MVX	Indifferent
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	Value-Test Case Fixed

**RXA : Pharmacy/Treatment Administration**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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	20191031	
RXA-5	Administered Code		
RXA-5.1	Identifier	110	Value-Test Case Fixed
RXA-5.2	Text	DTaP-HepB-IPV+	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	00	Value-Test Case Fixed
RXA-9.2	Text	New immunization record	Presence-Content Indifferent
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	Molina	Value-Test Case Fixed
RXA-10.3	Given Name	Sandra	Value-Test Case Fixed
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	6559FK32	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	SKB	Value-Test Case Fixed
RXA-17.2	Text	GlaxoSmithKline Biologicals SA	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	Value-Test Case Fixed

**RXR[\*]****RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
RXR-1	Route		
RXR-1.1	Identifier	C28161	Indifferent
RXR-1.2	Text	Intramuscular	Indifferent
RXR-1.3	Name of Coding System	NCIT	Indifferent
RXR-2	Administration Site		
RXR-2.1	Identifier	LT	Indifferent
RXR-2.2	Text	Left Thigh	Indifferent
RXR-2.3	Name of Coding System	HL70163	Indifferent

**RXR : Pharmacy/Treatment Route**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
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

**OBX[\*]****OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	1	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	69764-9	Value-Test Case Fixed
OBX-3.2	Text	Document Type	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Identifier	253088698300026411121116	Presence-Content Indifferent
OBX-5.2	Text	Multiple Vaccines VIS	
OBX-5.3	Name of Coding System	cdegs1vis	
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	2	
OBX-2	Value Type	TS	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	29769-7	Value-Test Case Fixed
OBX-3.2	Text	VIS Presentation Date	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	1	
OBX-5	Observation Value		
OBX-5.1	Time	20181031	Presence-Content Indifferent
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	3	
OBX-2	Value Type	CE	
OBX-3	Observation Identifier		
OBX-3.1	Identifier	64994-7	Value-Test Case Fixed
OBX-3.2	Text	vaccine fund pgm elig cat	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	V01	Presence-Content Indifferent
OBX-5.2	Text	Not VFC eligible	
OBX-5.3	Name of Coding System	HL70064	Value-Test Case Fixed
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	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**OBX : Observation/Result**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
OBX-1	Set ID - OBX	4	
OBX-2	Value Type	CE	Value-Test Case Fixed
OBX-3	Observation Identifier		
OBX-3.1	Identifier	30963-3	Value-Test Case Fixed
OBX-3.2	Text	Vaccine funding source	Presence-Content Indifferent
OBX-3.3	Name of Coding System	LN	Value-Test Case Fixed
OBX-4	Observation Sub-ID	2	
OBX-5	Observation Value		
OBX-5.1	Identifier	PHC70	Value-Test Case Fixed
OBX-5.2	Text	Private	Presence-Content Indifferent
OBX-5.3	Name of Coding System	CDCPHINVS	Value-Test Case Fixed
OBX-6	Units		
OBX-6.1	Identifier		
OBX-6.2	Text		
OBX-6.3	Name of Coding System		
OBX-11	Observation Result Status	F	Value-Test Case Fixed
OBX-14	Date/Time of the Observation		
OBX-14.1	Time	20191031	Presence-Content Indifferent
OBX-17	Observation Method		
OBX-17.1	Identifier		
OBX-17.2	Text		
OBX-17.3	Name of Coding System		

**Test Data Specification****Patient Information**

<b>Element</b>	<b>Data</b>
Patient Name	Juana Maria Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2019 11:15
Administrative Sex	Female
Patient Address 1	3321 Standish Way Stamford CT 06903 USA
Patient Address 2	325 Shorline Drive Stamford CT 06901
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	2

## Immunization Registry Information

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	10/01/2019
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	10/01/2019
Protection Indicator	Yes
Protection Indicator Effective Date	10/01/2019

## Guardian or Responsible Party

Element	Data
Name	Joanna Elena Gonzales
Relationship	Mother
Address	3321 Standish Way Stamford CT 06903
Phone Number	(203)555-1214

## Vaccine Administration Information[\*]

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FL432
Substance Expiration Date	12/14/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

## Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP-HepB-IPV+
Date/Time Start of Administration	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	New immunization record
Administering Provider	Sandra Molina
Substance Lot Number	6559FK32
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Document Type	Multiple Vaccines VIS
VIS Presentation Date	10/31/2018
vaccine fund pgm elig cat	Not VFC eligible
Vaccine funding source	Private

## 5.3.6. Receive ACK Z23 Multiple Warnings

Test Step Type: TA\_RESPONDER

The Immunization Registry returns a message with multiple warnings for invalid administration site codes submitted found during the course of filing the message.

### Test Story

<b>Description</b>
The Immunization Registry returns a message with multiple warnings indicating unrecognized administration site codes submitted were found during the course of filing the message.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
A VXU message is generated by the EHR.
<b>Post-Condition</b>
The ACK Z23 is received by the EHR.
<b>Test Objectives</b>
<b>Transmit Standard Patient Immunization History Report:</b> The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's immunization history to public health immunization registries.
Error Handling Support for multiple warnings returned by the IIS, and the ability of the EMR to display a notification of these warnings to the user.
<b>Evaluation Criteria</b>
The acknowledgement warning message is consumed by the system responsible for the content of the administration message.
The multiple warnings returned is visible in the EMR.
<b>Notes</b>
<b>Important note regarding the MSH-10 and MSA-2:</b> The NIST acknowledgment message is predefined and is based on the VXU message. Most systems will automatically create the message control Identifier and may require it for importing, linking, and processing the ACK message. The NIST ACK test message can be modified such that MSA-2 matches MSH-10 of the VXU message generated by the system-under test.

### Message Contents

**MSH : Message Header**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSH-1	Field Separator		
MSH-2	Encoding Characters	^~\&	
MSH-3	Sending Application		
MSH-3.1	Namespace ID	NISTIISAPP	
MSH-3.2	Universal ID		
MSH-3.3	Universal ID Type		
MSH-4	Sending Facility		
MSH-4.1	Namespace ID	NISTIISFAC	
MSH-4.2	Universal ID		
MSH-4.3	Universal ID Type		
MSH-5	Receiving Application		
MSH-5.1	Namespace ID	NISTEHRAPP	
MSH-5.2	Universal ID		
MSH-5.3	Universal ID Type		
MSH-6	Receiving Facility		
MSH-6.1	Namespace ID	NISTEHRFAC	
MSH-6.2	Universal ID		
MSH-6.3	Universal ID Type		
MSH-7	Date/Time Of Message		
MSH-7.1	Time	20190625115038.044-0500	
MSH-9	Message Type		
MSH-9.1	Message Code	ACK	
MSH-9.2	Trigger Event	V04	
MSH-9.3	Message Structure	ACK	
MSH-10	Message Control ID	NIST-IZ-AD-9.2_Receive_ACK_Z23	
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	NE	
MSH-16	Application Acknowledgment Type	NE	
MSH-21	Message Profile Identifier		
MSH-21.1	Entity Identifier	Z23	
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	NISTIISFAC	
MSH-22.6	Assigning Authority		
MSH-22.7	Identifier Type Code		
MSH-22.10	Organization Identifier		
MSH-23	Receiving Responsible Organization		
MSH-23.1	Organization Name	NISTEHRFAC	
MSH-23.6	Assigning Authority		
MSH-23.7	Identifier Type Code		
MSH-23.10	Organization Identifier		

**MSA : Message Acknowledgment**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
MSA-1	Acknowledgment Code	AE	
MSA-2	Message Control ID	NIST-IZ-AD-9.1_Send_V04_Z22	

**ERR[\*]**

**ERR : Error**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
ERR-2	Error Location		
ERR-2.1	Segment ID	RXR	
ERR-2.2	Segment Sequence	1	
ERR-2.3	Field Position	2	
ERR-2.4	Field Repetition	1	
ERR-2.5	Component Number	1	
ERR-2.6	Sub-Component Number		
ERR-3	HL7 Error Code		
ERR-3.1	Identifier	999	
ERR-3.2	Text	Application error	
ERR-3.3	Name of Coding System	HL70357	
ERR-4	Severity	W	
ERR-5	Application Error Code		
ERR-5.1	Identifier	5	
ERR-5.2	Text	Table value not found	
ERR-5.3	Name of Coding System	HL70533	
ERR-8	User Message	Administration Site not recognized - site data will not be saved	

**ERR : Error**

<b>Location</b>	<b>Data Element</b>	<b>Data</b>	<b>Categorization</b>
ERR-2	Error Location		
ERR-2.1	Segment ID	RXR	
ERR-2.2	Segment Sequence	2	
ERR-2.3	Field Position	2	
ERR-2.4	Field Repetition	1	
ERR-2.5	Component Number	1	
ERR-2.6	Sub-Component Number		
ERR-3	HL7 Error Code		
ERR-3.1	Identifier	999	
ERR-3.2	Text	Application error	
ERR-3.3	Name of Coding System	HL70357	
ERR-4	Severity	W	
ERR-5	Application Error Code		
ERR-5.1	Identifier	5	
ERR-5.2	Text	Table value not found	
ERR-5.3	Name of Coding System	HL70533	
ERR-8	User Message	Administration Site not recognized - site data will not be saved	

## Test Data Specification

## Patient Information

Element	Data
This information will be automatically supplied by the System	

## 6. Cohort Report

This test will consist of generating a cohort report to list all patients who are due or overdue for immunizations showing all overdue immunizations with the associated due/overdue dates.

### Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 6.1. Due and Overdue Immunizations

List all patients who are due or overdue for immunizations showing all overdue immunizations.

### Test Story

#### Description

The provider periodically uses the EMR to identify the cohort of patients that are due or overdue for immunizations along with their contact information in order to send reminder notifications to the patients/parents.

#### Comments

No Comments

#### Pre-condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. The vaccine forecast is available to the EMR.

#### Post-Condition

The Cohort report for all patients that are due or overdue for immunizations is available to the provider through the EMR.

#### Test Objectives

**Produce Population-Level Report:** The EHR or other clinical system generates aggregate, population-level reports based on known patient immunization data.

#### Evaluation Criteria

Evaluation criteria is defined within each test step.

#### Notes

No Note

## 6.1.1. Produce Overdue Immunizations Cohort Report

Test Step Type: SUT\_MANUAL

The provider uses the EMR to create a report for all patient vaccinations overdue with the contact information.

### Test Story

<b>Description</b>																										
The provider periodically uses the EMR to identify the cohort of patients that are due or overdue for immunizations along with their contact information in order to send reminder notifications to the patients/parents.																										
<b>Comments</b>																										
No Comments																										
<b>Pre-condition</b>																										
Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. The vaccine forecast is available to the EMR.																										
<b>Post-Condition</b>																										
The Cohort report for all patients that are due or overdue for immunizations is available to the provider through the EMR.																										
<b>Test Objectives</b>																										
<b>Produce Population-Level Report:</b> The EHR or other clinical system generates aggregate, population-level reports based on known patient immunization data.																										
<b>Evaluation Criteria</b>																										
The following patient information is provided on the cohort report:																										
<table border="1"><tr><td>Patient Name</td><td>Juana Mariana Vazquez</td></tr><tr><td>Preferred Contact Method</td><td>Phone</td></tr><tr><td>Contact information using preferred contact (email, text, phone, mailing address)</td><td>(203) 555-1212</td></tr><tr><td>Patient Identifier Number</td><td>Vendor Supplied</td></tr><tr><td>Patient Identifier Type Code</td><td>Vendor Supplied</td></tr><tr><td>Date/Time of Birth</td><td>11/1/2014 11:05am</td></tr><tr><td>Sex</td><td>Female</td></tr><tr><td>Vaccine Group</td><td>IPV</td></tr><tr><td>Due Date</td><td>10/31/2018</td></tr><tr><td>Overdue Date</td><td>10/31/2019</td></tr><tr><td>Dose #</td><td>4</td></tr><tr><td>Dose in Series</td><td>4</td></tr><tr><td>Link to full record</td><td>Vendor Supplied</td></tr></table>	Patient Name	Juana Mariana Vazquez	Preferred Contact Method	Phone	Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1212	Patient Identifier Number	Vendor Supplied	Patient Identifier Type Code	Vendor Supplied	Date/Time of Birth	11/1/2014 11:05am	Sex	Female	Vaccine Group	IPV	Due Date	10/31/2018	Overdue Date	10/31/2019	Dose #	4	Dose in Series	4	Link to full record	Vendor Supplied
Patient Name	Juana Mariana Vazquez																									
Preferred Contact Method	Phone																									
Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1212																									
Patient Identifier Number	Vendor Supplied																									
Patient Identifier Type Code	Vendor Supplied																									
Date/Time of Birth	11/1/2014 11:05am																									
Sex	Female																									
Vaccine Group	IPV																									
Due Date	10/31/2018																									
Overdue Date	10/31/2019																									
Dose #	4																									
Dose in Series	4																									
Link to full record	Vendor Supplied																									
<table border="1"><tr><td>Patient Name</td><td>Juan Marcel Marina</td></tr><tr><td>Preferred Contact Method</td><td>Text</td></tr><tr><td>Contact information using preferred contact (email, text,</td><td>(203)555-1213</td></tr></table>	Patient Name	Juan Marcel Marina	Preferred Contact Method	Text	Contact information using preferred contact (email, text,	(203)555-1213																				
Patient Name	Juan Marcel Marina																									
Preferred Contact Method	Text																									
Contact information using preferred contact (email, text,	(203)555-1213																									

phone, mailing address) Patient Identifier Number	Vendor Supplied
Patient Identifier Type Code	Vendor Supplied
Date/Time of Birth	03/04/2018 1100a
Sex	Male
Vaccine Group	HepB
Due Date	08/31/2018
Overdue Date	09/01/2019
Dose #	3
Dose in Series	3
Link to full record	Vendor Supplied

Patient Name	Juana Maria Gonzales
Preferred Contact Method	Text
Contact information using preferred contact (email, text, phone, mailing address)	(203) 555-1214
Patient Identifier Number	Vendor Supplied
Patient Identifier Type Code	Vendor Supplied
Date/Time of Birth	10/1/2019 11:15am
Sex	Female
Vaccine Group	Hib
Due Date	11/30/2019
Dose #	1
Dose in Series	4
Vaccine Group	Pneumococcal conjugate
Due Date	11/30/2019
Dose #s	1
Dose in Series	4

Link to full record	Vendor Supplied
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Notes
No Note

## 7. Review Inventory

Demonstrates the ability to view inventory supply, including deprecated inventory used.

### Test Story

<b>Description</b>
<b>Comments</b>
<b>Pre-condition</b>
<b>Post-Condition</b>
<b>Test Objectives</b>
<b>Evaluation Criteria</b>
<b>Notes</b>

## 7.1. View Inventory

Demonstrates the ability to view updated inventory supply.

### Test Story

<b>Description</b>
The provider reviews the available inventory following vaccine administrations used during the day.
<b>Comments</b>
No Comments
<b>Pre-condition</b>
Vaccine inventory entered.  Vaccines administered for Juana Mariana Vazquez, Juan Marcel Marina, and Juana Maria Gonzales.
<b>Post-Condition</b>
Available vaccine inventory displayed.
<b>Test Objectives</b>
<b>Update Vaccine Inventory from Patient Dosage Administration:</b> The system updates the vaccine inventory to assure the correct count of remaining available vaccine inventory.
<b>Evaluation Criteria</b>
Evaluation criteria is defined within each test step.
<b>Notes</b>
No Note

## 7.1.1. View updated vaccine inventory

Test Step Type: SUT MANUAL

Demonstrates the ability to view updated inventory supply.

### Test Story

#### Description

The provider reviews the available inventory following vaccine administrations used during the day.

#### Comments

No Comments

#### Pre-condition

Vaccine inventory entered.

Vaccines administered for Juana Mariana Vazquez, Juan Marcel Marina, and Juana Maria Gonzales.

#### Post-Condition

Available vaccine inventory displayed.

#### Test Objectives

**Update Vaccine Inventory from Patient Dosage Administration:** The system updates the vaccine inventory to assure the correct count of remaining available vaccine inventory.

#### Evaluation Criteria

The EMR inventory shows (minimally):

1.

Manufacturer:	Novartis Vaccines and Diagnostics Ltd
NDC:	66521-0113-02
Product Name:	FLUVIRIN
Lot#:	8L4B3521
Expiration Date:	12/31/2020
GTIN:	00358160881411
Vaccine source:	VFC
Quantity:	24 Syringes (or doses)

2.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8422
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	VFC
Quantity:	15 Vials (or doses)

3.

Manufacturer:	Sanofi Pasteur Inc.
NDC:	49281-0413-58
Product Name:	FLUZONE QUADRIVALENT
Lot#:	D8043IN8855
Expiration Date:	12/31/2020
GTIN:	00349281413582
Vaccine source:	Non-VFC
Quantity:	11 Vials (or doses)

4.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK18
Expiration Date:	6/15/2019
GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	18 Syringes (or doses)

5.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0820-43
Product Name:	ENGERIX-B
Lot#:	6332FK26
Expiration Date:	12/31/2020
GTIN:	10358160820431
Vaccine source:	Non-VFC
Quantity:	19 Syringes (or doses)

6.

Manufacturer:	GlaxoSmithKline Biologicals SA
NDC:	58160-0811-43
Product Name:	Pediarix
Lot#:	6559FK32
Expiration Date:	12/31/2020
GTIN:	10358160811439
Vaccine source:	Non-VFC
Quantity:	15 Syringes (or doses)

### Notes

No Note