



## REQUIRED AND HIGHLY RECOMMENDED DATA ENTRY FIELDS FOR IMMTRAX INTERFACE

**Background:**

The success of an immunization interface is dependent on the quality of the data entered and the completeness of a patient's record being sent. Completeness in this context means entering data into fields used by imMTrax functions and reports. The following table lists a field name, if the field is required or highly recommended, and notes about the field. Data entered into each field listed in the table ensures a complete patient record is being sent.

Field	Usage	Note
Patient Name	Required	Use full, proper first name- do not use nicknames & cannot contain special characters such as a dollar sign (\$) or accent symbol (^). An apostrophe (') would be appropriate.
Patient Date of Birth	Required	Date must have two digits for month & day, and four digits for year (mm/dd/yyyy).
Race	Highly Recommend	Used for patient deduplication and reports. Will be one of the following: *American Indian or Alaska Native *Asian *Native Hawaiian or other Pacific Islander *Black or African- American *White *Other Race
Ethnicity	Highly Recommend	Will be either: *Hispanic or Latino *Not Hispanic or Latino
Patient Address	Highly Recommend	Needs to include street address, city, state, & zip code.
Patient Phone Number	Highly Recommend	Use a ten-digit format.
Consent To Share	Required	Indicate whether the patient has given consent to share immunization information with imMTrax users or not.
Preferred Method of Contact for Reminder/Recall	Highly Recommend	Identify how the guardian/patient would like to be contacted when vaccinations are due or past due. Methods such as text, mail, email, phone call, etc.
Guardian's Name	Required If Patient <18 Years Old	First name and last name of guardian for minor patient.



Field	Usage	Note
Guardian's Relationship to Minor	Required If Patient <18 Years Old	Relationship the guardian has to the patient <18 years old.
Guardian's Address	Required If Patient <18 Years Old	Full address of guardian including city, state and zip code.
Guardian's Phone Number	Required If Patient <18 Years Old	Ten-digit format of guardian's phone number.
Date of Immunization Administration	Required	Must include two digits for month & day, 4 digits for year. Estimating a historical immunization's administration date may create a duplicate and should not be used.
CVX Code	Required	Likely to be setup within inventory module. A three digit number identifying a vaccine set by the CDC <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradenam">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradenam</a> .
Vaccine Name or Type	Required	Ex: PedvaxHIB, ActHIB, DTaP.
Administered Amount	Required	Numeric measurement of vaccine such as 0.50 or 0.25. It is essential to differentiate between an adult vs. pediatric dosage for some vaccines.
Unit of Measurement	Required	Example and most likely mL.
Vaccine Information Source	Required	Must indicate whether vaccine is a newly administered or a historical administration of a vaccine.
Vaccine Lot Number	Required If Administered	The vaccine's lot number listed on the vaccine's container is required.
Vaccine Expiration Date	Required If Administered	Enter two digits for month & day, four digits for year. If vaccine has only month and year, list the last day of the month as the expiration date. Immunization will error if expiration date is before administration date.
Manufacturer (MVX Code)	Required If Administered	Manufacturer of vaccine has a three-digit code called the MVX code. Example: GSK, PMC. The MVX code is likely to be setup in the inventory module. Check validity with CDC list: <a href="https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradenam">https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradenam</a>



Field	Usage	Note
Vaccine Completion Status	Required	Indicate whether the dose was completely, partially, refused, or not administered.
Vaccinating Facility	Required If Administered	Name of the facility where the vaccine was administered. The field may be automatically entered or needs to be chosen from a list. Check with your vendor.
Route of Administration	Required If Administered	How the vaccine was administered. For example, intramuscular, subcutaneous, etc.
Bodily Site of Administration	Required If Administered	Where the vaccine was administered. For example, right deltoid, left deltoid, etc.
Date of VIS Given to Patient	Required If Administered	Must enter two digits for month & day, four digits for year when the Vaccine Information Statement (VIS) was given to patient.
VIS Date of Publication	Required If Administered	Must enter two digits for month & day, four digits for year when the Vaccine Information Statement (VIS) was published by CDC. Publication dates can be found: <a href="https://www.cdc.gov/iis/code-sets/vis-url-table.html">https://www.cdc.gov/iis/code-sets/vis-url-table.html</a>
Funding Source	Required If Administered	How the vaccine was paid for. The choices are: *Public *Private *Pandemic
VFC Eligibility	Required If Administered	Will be one of the following: *Not eligible *Eligible-Medicaid/Medicare Managed Care *Eligible-Uninsured *Eligible-American Indian or Alaska Native *Eligible-FQHC patient *317 Funding