

Moderna Booster Dose Data Entry Quick Reference Guide



Note: For locations that send their data to *imMTrax* from their EHR system, *imMTrax* can accept booster doses recorded in your system. Please ensure you are documenting accurate dosages (ex: 0.25 ml) in your system so that accurate data is processed into *imMTrax*.

Steps to Follow to Document via iWeb Standard Data Entry:

- 1. Follow steps 1-7 of the Add Administered Immunization workflow steps in the Add Immunizations Quick Reference Guide.
- 2. On the Vaccination Details Add page enter the required vaccine-specific information (text displayed in red)
- 3. In the Dose Size field, change the dose size from Full to Half
- 4. Click the Save button.

Vaccination Detail Add				
Vaccine 1:	COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose (Moderna)			
Date Administered:	10/21/2021			
Historical:	○ YES			
Manufacturer:	MODERNA US,INC. Click to select			
Lot Number:	023C21A			
Lot Facility:	IMMTRAX TRAINING CLINIC			
Funding Source:	PAN			
Provider Noted on Record:				
Lot Noted on Record:				
Manufacturer Noted on Record:				
Facility:	IMMTRAX TRAINING CLINIC × -			
Vaccinator:	NURSE, NANCY /IMMTRAX TRAINING CLINIC X -			
Anatomical Site:	Left Arm × •			
Anatomical Route:	Intramuscular x 🔹			
Dose Size:	Half J			
Volume (CC):				
VFC Status:	Not VFC Eligible VFC Status' will be ignored if lot number is not VFC eligible.			
District/Region:				
VIS Publications Dates:	1. 2. 3. 4.			
Date VIS Form Given:	10/21/2021			
Ordering Provider:	Sel			
Comments:	4			
	Cancel Save			

Steps to Follow to Document via the Mass Immunization Module:

- **1.** Follow steps 1-8 of the vaccine data entry workflow steps in the <u>Mass</u> <u>Immunization Quick Reference Guide</u>.
- 2. In the Dose Size drop-down box, choose Half.
- **3.** Select the **Save** button.

Patient Address Information (Most recent record in system)								
Check this box to copy the address information from the most recent record to the								
data entry box ONLY if it matches what is reported on paper.								
Street:	320 PANDEMIC STREET							
City: Zin Codou	HELENA	State:	MT (405)444,2020					
County:	LEWIS AND CLARK	Cell Phone:	(400)444-3020					
Patient Edit								
First Name or Initial:	MASS							
Middle Name:		Birth Date:	03/20/1982					
Last Name:	VAX	Sex:	MALE 🗸					
Race:	White Black or African American Asian	Ethnicity:	select V					
Consented:	🔍 🔍 Yes 🔿 No 🔿 Undetermined	● Yes ○ No ○ Undetermined						
Address								
Street:								
Zip Code:		City:						
State:	select 🗸	County/Parish:	Click to select					
Cell Phone:		Phone Number:	(406)444-1982					
Guardian Info								
Mother's Maiden Name: (Last Name Only)		Guardian First Name:						
Comments								
Campaign:	select V							
Tier:	select 🗸							
Vaccinator:	select		~					

1	Vaccination Add							
	Default Date:							
	05/11/2022							
	Vaccine	Date	Manufacturer / Lot	Dose Size				
	COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose (Moderna)	05/11/2022		Half 🗸				
	HPV9	05/11/2022		select 🗸				
	Hep A, adult	05/11/2022		select 🗸				
	Influenza vaccine, quadrivalent, adjuvanted	05/11/2022		select 🗸				
	Pneumococcal conjugate PCV 13	05/11/2022		select 🗸				
	influenza, injectable, quadrivalent, preservative free	05/11/2022		select 🗸				
	meningococcal MCV4P (Menactra)	05/11/2022		select 🗸				
	select V	05/11/2022	/	Full 🗸				
Special Considerations Add								
🗹 (Car	Do not take ownership when adding vaccinations. Cancel Save							