

Delaware Immunization Information System and Registry (DelVAX) Data Fields Checklist

Prior to transmitting immunization data to DelVAX, the registry requires specific data fields to be completed with correct and valid information to ensure that quality standards are being met and the data is not rejected due to errors within the transmitted files. Please review the below list of data fields that DelVAX deems necessary for correct data submission.

FIELDS TO BE COMPLETED IN PATIENT PROFILE

Data Field (Practice Fusion)	Priority	Details
Patient Name (Last & First)	Required	Fill out the patient’s first and last name.
Patient Sex	Required	Select the patient’s sex.
Patient Date of Birth	Required	Enter in the patient’s date of birth.
Patient Social Security Number	Optional (Recommended)	Enter in the patient’s SSN.
Patient Record Number	Required	Manually enter a patient record number <i>or</i> check the <i>Generate</i> box to auto-generate a PRN.
Patient Phone Number	Required	Enter in the patient’s phone number in the <i>Mobile Phone</i> field. Note: this can be a home phone number if the patient does not have access to a mobile phone. If the patient does not have a phone of any kind, check the “Patient doesn’t have a mobile phone” box.
Patient Email Address	Required	Enter in the patient’s email address. If the patient does not have an email address, check the “Patient doesn’t have an email address” box.
Patient Address	Required	Enter in the patient’s physical address.
Patient Ethnicity	Recommended, but not required	Select the patient’s ethnicity from the drop-down list.

Patient Race	Recommended, but not required	Select the patient's race from the checkbox list.
Patient's Next of Kin	Highly recommended	Enter in the name (first and last), relationship to patient, phone number, and address of the patient's next of kin.
Patient's Mother's Maiden Name	Recommended, but not required.	Enter in the patient's mother's maiden name.
Patient Consent (patient's <i>Immunization registry uploads</i> settings)	Required	Patient consent must be indicated in order for data to successfully transmit immunization data for the patient.

FIELDS TO BE COMPLETED IN VACCINE ADMINISTRATION WINDOW

Data Field (Practice Fusion)	Priority	Details
Vaccine name	Required	Enter the name of the vaccine being administered. Custom vaccine entries are not acceptable for transmission.
Date Administered	Required	Enter in the date that you administered the vaccine.
Time Administered	Required	Enter in the time at which you administered the vaccine.
Administered By	Required	Select the name of the provider who administered the vaccine.
Ordered By	Required	Select the name of the provider who ordered the vaccine.
Administered Facility	Required	Select the facility at which the vaccine was administered. This must be the facility that you have registered with DelVAX and Practice Fusion for immunization data transmission.
Manufacturer	Required	Select the vaccine manufacturer. Please note that "Other" is not an acceptable value for this field.
Lot Number	Required	The lot number associated with the administered vaccine.
Quantity	Required	Enter the quantity administered.
Dose	Required	Enter the vaccine dosage.
Units	Required	Select the dosage units (e.g. ML, LFU, etc.).
Expiration Date	Required	Select the vaccine expiration date.

Route	Required	Select the method in which the vaccine was administered.
Body Site	Required	Select the body site at which the vaccine was administered.
VIS Edition	Required	Enter the publication date of the administered vaccine. <i>This field must be populated if a reminder/recall selection is made in the “Registry Notifications” field.</i>
Funding Source	Required	Select the source of funding for the vaccine. <i>This information must be accurate and valid. There is no default selection that can be made for this field.</i>
Registry Notifications	Optional	Select your notification preference for registry communication. <i>If a reminder/recall selection is made, the VIS Edition (publication date) field must be populated with a valid date.</i>
VFC Financial Class	Required	Select VFC eligibility status. <i>Note: VFC (Vaccines For Children) funding is specific to pediatric patients.</i>
Comments	Optional	Free-text space where manual comments can be entered if necessary.