Form	Entity Name	Entity ID	Definition	Data Type (code)	Data Type (description)	Validation Rule	Repeated Data	Code Table	Data requirement (Certified Level 1)	Data requirement (Certified Level 2)	Data requirement (Certified Level 3)	Example (Certified Level 1)	Example (Certified Level 2)	Example (Certified Level 3)
Immunisation	Immunisation record number	1001804	A unique identifier for each vaccine administration record defined by individual institution	ST	String				O	O	O	5805 0000 XXXX	5805 0000 XXXX	5805 0000 XXXX
Immunisation	Vaccine - recognised terminology name	1001808	Terminology name that is recognised by the eHR Information Standards Office for vaccine	CE	Coded Element		y	Recognised terminology name - pharmaceutical product	N/A	N/A	M	N/A	N/A	CPP
Immunisation	Vaccine identifier - recognised terminology	1001809	A unique identifier of individual vaccine in the "Vaccine list"	CE	Coded Element		y		N/A	N/A	M	N/A	N/A	01891
Immunisation	Vaccine description - recognised terminology	1001810	Name of individual vaccine in the "Vaccine list"	CE	Coded Element		y		N/A	N/A	M	N/A	N/A	MMR II
Immunisation	Vaccine local code	1001806	A unique identifier issued to the vaccine defined by individual institution	ST	String		y		N/A	O	O	N/A	MMR	MMR II
Immunisation	Vaccine local description	1001807	The description of the vaccine defined by individual institution	ST	String		y		N/A	M	M	N/A	MMR	MMR II
Immunisation	Historical immunisation	1001814	Immunisation administered previously by other providers. All historical immunisation data should be based on the immunisation record documented by previous healthcare providers who gave the vaccine to the person.	CE	Coded Element		y	Yes No Unspecified	N/A	M	M	N/A	No	Unspecified
Immunisation	Vaccine administration date	1001805	The date on which the vaccine is given	TS	Time Stamp		y		N/A	M	M	N/A	1/11/2009	1/11/2009
Immunisation	Vaccine dose sequence	1001812	Immunisation dose in series, booster	ST	String		y		N/A	O	O	N/A	1st dose	2nd dose
Immunisation	Batch number	1001811	Batch number for drug product as assigned by the drug manufacturer	ST	String		y		N/A	O	O	N/A	09-33344-XX098	09-33355-XX099

Form	Entity Name	Entity ID	Definition	Data Type (code)	Data Type (description)	Validation Rule	Repeated Data	Code Table	Data requirement (Certified Level 1)	Data requirement (Certified Level 2)	Data requirement (Certified Level 3)	Example (Certified Level 1)	Example (Certified Level 2)	Example (Certified Level 3)
Immunisation	Route of administration code	1001816	The path by which a drug / substance is taken into the body	CE	Coded Element		y	Route of drug administration table	N/A	N/A	N/A or M if [Route of administration description] is given	N/A	N/A	IM
Immunisation	Route of administration description		Description of the path by which a drug / substance is taken into the body, defined by eHR. The [Route of administration description] should match with [Route of administration code].	ST	String		y		N/A	N/A	N/A or M if [Route of administration code] is given	N/A	N/A	Intramuscular
Immunisation	Route of administration local description		Description of the path by which a drug / substance is taken into the body, defined by individual institution	ST	String		y		N/A	O	O or M if [Route of administration code] is given	N/A	IM	Intramuscular
Immunisation	Site of administration code	1001817	Code of the body site where the drug / substance is given	CE	Coded Element		y	Site of drug administration	N/A	N/A	N/A or M if [Site of administration description] is given	N/A	N/A	LT
Immunisation	Site of administration description		Description of the body site where the drug / substance is given, defined by eHR. The [Site of administration description] should match with [Site of administration code].	ST	String		y		N/A	N/A	N/A or M if [Site of administration code] is given	N/A	N/A	Left Thigh
Immunisation	Site of administration local description		Local description of the body site where the drug / substance is given, defined by individual institution	ST	String		y		N/A	O	O or M if [Site of administration code] is given	N/A	L Thigh	Lt Thigh
Immunisation	Vaccination provider identifier	1001813	Code of the healthcare provider who administers the vaccine	CE	Coded Element		y	Vaccine provider	N/A	N/A	M	N/A	N/A	DH
Immunisation	Vaccination provider description		Description of the healthcare provider who administers the vaccine, defined by eHR. The [Vaccination provider description] should match with [Vaccination provider identifier].	ST	String		y		N/A	N/A	M	N/A	N/A	Department of Health
Immunisation	Vaccination provider local description		Local description of the healthcare provider who administers the vaccine, defined by individual institution	ST	String		y		N/A	M	M	N/A	Orange Healthcare	Dept of Health
Immunisation	Vaccine administration premises	1001815	Name of the premises where the vaccine is administered	ST	String		y		N/A	O	O	N/A	Nil	Nil
Immunisation	Vaccine administration remark		The additional information about the vaccine administration	TX	Text		y		N/A	O	O	N/A	Nil	Nil

Form	Entity Name	Entity ID	Definition	Data Type (code)	Data Type (description)	Validation Rule	Repeated Data	Code Table	Data requirement (Certified Level 1)	Data requirement (Certified Level 2)	Data requirement (Certified Level 3)	Example (Certified Level 1)	Example (Certified Level 2)	Example (Certified Level 3)
Immunisation	Immunisation record report title		The title of immunisation report	ST	String				O	O	O	Immunisation record	Immunisation record	Immunisation record
Immunisation	Immunisation record report (text)		Report of the immunisation record in text format	TX	Text				O or M if [Immunisation record report (PDF)] is blank	O	O	immunisation vaccine given on dd/mm/yyyy	immunisation vaccine given on dd/mm/yyyy	immunisation vaccine given on dd/mm/yyyy
Immunisation	Immunisation record report (PDF)	1001818	Report of the immunisation record in Portable Document Format (PDF)	ED	Encapsulated data				O or M if [Immunisation record report (text)] is blank	O	O			
Immunisation	Immunisation record report date		The date when the immunisation record is documented, which also considered as the date when the vaccine is given	TS	Time Stamp				M	N/A	N/A	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
Immunisation	Immunisation record remark		The additional information about the immunisation record	TX	Text				O	O	O	next injection date is dd/mm/yyyy	next injection date is dd/mm/yyyy	next injection date is dd/mm/yyyy

Route of drug administration

Purpose : To identify the route of drug administration on the patient

Reference : DH document on HL7 code values for route_site of immunisation; HL7 v2.5 Table 162

Term ID	eHR Value	eHR Description
	ID	Intradermal
	IM	Intramuscular
	IN	Intranasal
	IV	Intravenous
	PO	Oral
	OTH	Other/Miscellaneous
	SCH	Subcutaneous
	TD	Transdermal

Site of drug administration

Purpose : To identify the site of drug administration on the patient

Reference: DH document on HL7 code values for route_site of immunisation; HL7 v2.5 Table 163

Term ID	eHR Value	eHR Description
	LT	Left Thigh
	LA	Left Arm
	LD	Left Deltoid
	LG	Left Gluteous Medius
	LVL	Left Vastus Lateralis
	LLFA	Left Lower Forearm
	RA	Right Arm
	RT	Right Thigh
	RVL	Right Vastus Lateralis
	RG	Right Gluteus Medius
	RD	Right Deltoid
	RLFA	Right Lower Forearm

Vaccine provider

Purpose : To identify the healthcare provider who administers the vaccine

Reference: HA

Term ID	eHR Value	eHR Description
	HA	HA hospital / clinic
	DH	DH clinic
	Private	Private hospital /clinic
	Other	Other

Recognised Terminology Name - Pharmaceutical Product

Purpose: to define the names of the recognised terminology for pharmaceutical product

Term ID	eHR Value	eHR Description	Allowable Values
	HKCTT	Hong Kong Clinical Terminology Table	Nature = Pharmaceutical Products
	CPP	Compendium of Pharmaceutical Products	All values
	SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms	Hierarchy = Pharmaceutical / biologic product

Yes No Unspecified

Reference : HL7

Term ID	eHR Value	eHR Description
	N	No
	Y	Yes
	U	Unspecified