



ASIS Patient Detail Report

Patient Detail Report

Run By 1

By Ownership
 By Service

Limit Report By

Vaccination Date Range 2 From: Through:

Birth Date Range From: Through:

Organization (IRMS) 3 --select--

Do Not Limit

Facility --select--

Facility Group --select--

Do Not Limit

VFC PIN --select--

State --select--

Patient County --select--

Zip Code

Primary Care Physician Select from the list below: --select--

Program --select--

Health Plan --select--

Race White Black or African Ameri

Patient VFC Eligibility --select--

Vaccine VFC Eligibility --select--

Publicly Supplied Vaccine --select--

Inactive Status 4 Active patients only

Vaccines 5

Unselected
AS03 Adjuvant
Adenovirus, type 4, live, oral
Adenovirus, type 7, live, oral
Adenovirus, types 4 and 7
Anthrax
BCG
Botulinum Antitoxin
Botulinum Toxoid
Botulism IG, human, Intravenous
CMVIG
Cholera
DT (Pediatric)
DTP
DTP - unspecified
DTP/Hib

Selected

Vaccinator: --select--

Lot Number 6 Select from the list below: --select--

District/Region

School [Click to select](#)

Do Not Limit

Only Show Patient Info

High Risk Category --select--

Sort By 7 Last Name Vaccination Date Vaccinator

1. Select By Ownership or By Service. It is recommended to select By Service.
2. Enter a date range, if you would like to look at a specific timeframe. *(optional)*
3. Select the organization.
4. Select the patient status. It is recommended to select Active and Inactive.
5. Select a vaccine if you don't know the lot number.
6. Select the lot number from drop down menu, if you would like to view info for a specific lot number.
7. Click the Create Report button.

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Example for The Best Test organization (By Service, Active and Inactive, no date range, lot number 71471):

Patient Detail Report	
Run By	
<input type="radio"/> By Ownership	
<input checked="" type="radio"/> By Service	
Limit Report By	
<input type="checkbox"/> Vaccination Date Range	From: <input type="text"/> Through: <input type="text"/>
<input type="checkbox"/> Birth Date Range	From: <input type="text"/> Through: <input type="text"/>
<input checked="" type="radio"/> Organization (IRMS)	THE BEST TEST (1234567)
<input type="radio"/> Do Not Limit	
<input type="radio"/> Facility	--select--
<input type="radio"/> Facility Group	--select--
<input checked="" type="radio"/> Do Not Limit	
<input type="checkbox"/> VFC PIN	--select--
<input type="checkbox"/> State	--select--
<input type="checkbox"/> Patient County	--select--
<input type="checkbox"/> Zip Code	<input type="text"/>
<input type="checkbox"/> Primary Care Physician	Select from the list below: --select--
<input type="checkbox"/> Program	--select--
<input type="checkbox"/> Health Plan	--select--
<input type="checkbox"/> Race	White Black or African Ameri
<input type="checkbox"/> Patient VFC Eligibility	--select--
<input type="checkbox"/> Vaccine VFC Eligibility	--select--
<input type="checkbox"/> Publicly Supplied Vaccine	--select--
<input checked="" type="checkbox"/> Inactive Status	Active and inactive pa
Vaccines	Unselected
	Td-IPV
	Tdap
	Tetanus Toxoid, adsorbed
	Tetanus toxoid, not adsorbed
	Tetanus toxoids, NOS
	Typhoid, VICPs
	Typhoid, oral
	Typhoid, parenteral
	Typhus, Historical
	VIG Vaccinia IG
	VZIG
VZIG (IND)	
Varicella	
Yellow Fever	
Zoster, live	
Selected	
<input type="checkbox"/> Vaccinator:	--select--
<input checked="" type="checkbox"/> Lot Number	Select from the list below: THE BEST TEST / Tdap / 71471
<input type="checkbox"/> District/Region	<input type="text"/>
<input type="radio"/> School	<input type="text"/> Click to select
<input checked="" type="radio"/> Do Not Limit	
<input type="checkbox"/> Only Show Patient Info	
<input type="checkbox"/> High Risk Category	--select--
<input checked="" type="checkbox"/> Sort By	<input checked="" type="radio"/> Last Name <input type="radio"/> Vaccination Date <input type="radio"/> Vaccinator
<input type="button" value="Back"/> <input type="button" value="Reset"/> <input type="button" value="Create Report"/>	

ASIS Patient Detail Report

Report for lot number 71471:

Patient Detail Report

Report Criteria
Run By: By Service

Report Date: June 29, 2015

Organization (IRMS): 1234567 - THE BEST TEST
Patients Status: Active and inactive patients
Patient VFC Eligibility: All
Physician: All
Health Plan: All
Race: All
Lot Number: 71471
District/Region: All
High Risk Category: All
Publicly Supplied Vaccine: All

Facility: All
Vaccination Date Range: All
Vaccine VFC Eligibility: All
Program: All
Zip Code:
State: All
Patient County: All
School: All
Sort Criteria: Last Name
Vaccinator: All

Vaccine:
Birth Date Range: All
VFC PIN: BEST1

Total Patients Having Vaccines: 2 Total Patients With All Vaccines Deleted: Deleted vaccinations are shown with a line through them.

Patient ID	First Name	Middle Name	Last Name	Birthdate	Guardian F.N.	Phone Number	VFC Eligible	Facility				
7103933	DAISY		DUCK	07/07/2007	DAPHENE	(520)250-2500	YES					
Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decrementd	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
Tdap	09/08/2014	Full	PMC	71471	Y	YES	N	Y			09/08/2014	
Patient ID	First Name	Middle Name	Last Name	Birthdate	Guardian F.N.	Phone Number	VFC Eligible	Facility				
7103864	MINNIE		MOUSE	02/03/2004	MARGIE	(623)623-3333	YES					
Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decrementd	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
Tdap	02/03/2011	Full	PMC	71471	Y	YES	N	Y			02/03/2011	

Two patients were administered 2 doses of the vaccine with lot number 71471. Both doses decremented from the inventory.