

Sample of HL7 Message meet LINKS HL7 Requirement

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MSH|^~\&|IWeb|19454|||20160310091558||VXU|Test health-1003|P|2.5.1||AL
PID|||9918^^^MR||Test^Name^F||20160105|M||2028-9^Asian^hl70005|123 main^New
Orleans^LA^70112||7143301669|||||||2|1|
PD1|||Test Health Facility^^SIISCLIENT13838
NK1|1|Test^Tom^F|GRD^Guardian^HL70063
PV1|R|||||||V02^20160303
RXA|0|1|20160310|20160310|21^Varicella^CVX|0.5|ML||00^New Immunization||Test Health
Facility^^SIISCLIENT13838|||H044551|20170530|MSD^Merck \T\ Co., Inc.^MVX||||A|
RXR|IM^Intramuscular^HL70162|LD^Left Deltoid|
OBX|1|TS|29769-7^VIS Presentation Date^LN|1|20160310094736|F|||
OBX|2|ST|30963-3^Vaccine purchased with^LN|Y|F|||20160310094736
OBX|3|CE|64994-^VaccinationEligibility^LN|V02^Medicaid/MedicaidManaged^HL70064|F|||20160310
```

Yellow=Required. Green=Required if VFC Clinic

Note: We advise that your interface team and provider work together to submit message highlighted in yellow.

Processing ID (P) (MSH-10)
Patient medical Record Number (PID-3)
PATIENT LAST NAME (PID-5.1)
Patient first name (PID-5.2)
BIRTHDATE (PID-7)
GENDER (PID-8)
RACE (PID-10)
Address street (PID-11.1)
ADDRESS CITY (PID-11.3)
ADDRESS STATE (PID-11.4)
Address zip (PID-11.5)
Multiple birth count (total) (PID-24) (Twins only)
Multiple Birth order (PID-25) (Twins only)
PRIMARY Facility id (SIISCLIENTID)(PD1-3.1) (Required if able to send)
FACILITY ID (SIISCLIENTID)(PD1-3.2) (Required if able to send)
Guardian last name (NK1-2.1) (Recommended)
Guardian first name (NK1-2.2)
Relationship code (NK1-3)
PATIENT VFC ELIGIBILITY (PV1-20) (optional as long as ver 2.5.1 and OBX 64994-7 are met)
DOSE (RXA-2)
VACCINATION DATE (RXA-3)
CVX OR CPT numeric value (RXA-5.1)
VACCINE NAME (RXA-5.2)
CVX or CPT identifier (RXA-5.3)
ADMINISTERED AMOUNT (RXA-6)
Facility Name (RXA-11.1)
FACILITY ID (SIISCLIENTID) (RXA-11.4)
VACCINE LOT NUMBER (RXA-15)
VACCINE MANUFACTURER (RXA-17)
ACTION CODE (A) (RXA-21) (A- administered, U-update, D – Delete)
ROUTE (RXR-1)
SITE (RXR-2)
VIS PRESENTATION DATE (Publication date GIVEN) DATE (OBX-5)
VACCINE PUBLICLY SUPPLIED (OBX) (VFC)
VACCINE VFC ELIGIBLE (OBX SEGMENT) (VFC)

RXR-1 (Route of Administration)

HL7-defined Table 0162 - Route of administration

Value	Description	Notes
ID	Intradermal	
IM	Intramuscular	
IN	Intranasal	
IV	Intravenous	
OTH	Other/Miscellaneous	
PO	Oral	
SC	Subcutaneous	
TD	Transdermal	

Deprecated Values

Use the new values listed below instead of old values.

Old Value	New Value
RAI	ID
LTI	ID
LVL	IM
RD	IM
LTS	SC
LSO	SC
RTI	ID
RVL	IM
ORL	PO
NAS	IN
LAI	ID
RTS	SC
LD	IM
RSO	SC

RXR-2 (Administrative Site)

HL7-defined Table 0163 – Administrative Site

Value	Description	Note
LA	Left Arm	
LD	Left Deltoid	
LG	Left Gluteous Medius	
LLFA	Left Lower Forearm	
LT	Left Thigh	
LVL	Left Thigh	
RA	Right Arm	
RD	Right Deltoid	
RG	Right Gluteous Medius	
RLFA	Right Lower Forearm	
RT	Right Thigh	
RVL	Right Thigh	
NOSE	Nose	
MOUTH	Mouth	