Flat File Reporting Guide
PhilaVax

This provides information to assist you when you report immunization data to PhilaVax though flat file transfer. Please share this document with technical staff and/or your software vendor.

Clinics are required to submit flat file reports for all vaccine doses administered to patients of all ages at least once a month to PhilaVax. PhilaVax can accept **.txt**, **.csv** or **.xls** format files generated from EMR, EHR or billing systems.

Important Tips:

- Always pull data each month for patients of all ages.
- If there are multiple clinics, clearly distinguish which patients belong to the appropriate clinic.
- Make sure time specific parameters are accurate for each month and avoid sending cumulative data.
- If .csv or .txt file is too large, you may split data into multiple files.
- If there are any issues with the uploading of files or questions regarding electronic reporting, email **PhilaVax@phila.gov** or call **215-685-6745**.

EMR/EHR/Billing Field	Description	EMR/EHR Requirement	Billing Requirement
Patient Last Name	Patient's legal last name	Required	Required
Patient First Name	Patient's legal first name	Required	Required
Patient Middle Name	Patient's legal middle name	Required	Required
Sex	Patient sex – male, female, transgender or unknown	Required	Required
Date of Birth	Patient's DOB – MMDDYYYY	Required	Required
Medical Record Number	Patient's unique identifier at the provider site – SS number or MR number	Required	Required
Address	Patient's street address	Required	Required
City	Patient's city of residence	Required	Required
State	Patient's state of residence	Required	Required
Zip Code	Patient's zip code	Required	Required
Phone Number	Patient's phone number (10 digits)	Required	Required
Email Address	Patient's email address	Required	No

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EMR/EHR/Billing Field	Description	EMR/EHR Requirement	Billing Requirement
Provider/Clinic Site	Clinic where vaccine administered	Required	Required
Ethnicity	Patient's ethnicity	Required	No
Race	Patient's race	Required	No
Patient Birth Order	Number indicated birth order if part of a multiple birth	Required	No
Mother's First Name	Patient's mother's legal first name	Required	No
Mother's Last Name	Patient's mother's legal last name	Required	No
Mother's Maiden name	Patient's mother's legal maiden name	Required	No
CPT Code	Vaccine type administered billing code	No	Required
CVX Code	Vaccine type administered	Required	No
Vaccine Type	Specific vaccine administered	Required	Required
Vaccine Manufacturer	Manufacturer for the vaccine administered	Required	Required
Vaccination Date	Date vaccine administered – MMDDYYYY	Required	Required
Vaccine Lot Number	Vaccine administered lot number	Required	No
Vaccine Injection Site	Body site vaccine administered	Required	No
Vaccine Injection Route	Vaccine injection route	Required	No
Vaccine Expiration Date	Vaccine date of expiration – MMDDYYYY	Required	No
Parent or Guardian Last Name	Parent or guardian's last name	Required	No
Parent or Guardian First Name	Parent or guardian's first name	Required	No
Parent or Guardian Middle Name	Parent or guardian's middle name	Required	No
Parent or Guardian Phone Number	Parent or guardian's phone number	Required	No
Patient Insurance Information	Patient's insurance carrier	Required	Required

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