

Flat File Reporting Guide

Clinics are required to submit flat file reports for all vaccine doses administered to patients of all ages to PhilaVax. This guide provides the information you need when reporting immunization data to PhilaVax through flat file transfer. Please share this document with technical staff and your software vendor.









The table shows which data are required from your EMR or EHR system. PhilaVax will accept .txt, .csv or .xls format files generated from EMR or EHR systems. Billing data may be accepted upon approval from PhilaVax IIS. This document does not reflect the fields required in HL7 messaging. For more information on HL7 reporting, please access the IIS HL7 Implementation guide by [clicking here](#).

Important Tips:

- Reporting of immunization data is required at minimum once a month.
- Report data for patients of all ages and funding sources.
- 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 there are any issues with the uploading of files or questions regarding electronic reporting, email PhilaVax@phila.gov.

 = Required

 = Required When Available

EMR/EHR/Billing Field	Description	Requirements
Patient Last Name	Patient's legal last name	
Patient First Name	Patient's legal first name	
Patient Middle Name	Patient's legal middle name	
Sex Assigned at Birth	Patient sex assigned at birth - male, female, or unknown	
Date of Birth	Patient's DOB - MMDDYYYY	
Medical Record Number	Patient's unique identifier at the provider site	
Address	Patient's street address	
City	Patient's city of residence	

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EMR/EHR/Billing Field	Description	Requirements
State	Patient's state of residence	✓
Zip Code	Patient's zip code	✓
Email Address	Patient's email address	●
Phone Number	Patient's phone number (10 digits)	●
Provider/Clinic Site	Clinic where vaccine was administered	●
Ethnicity	Patient's ethnicity	●
Race	Patient's race	●
Race 2	Patient's race if patient identifies as more than one race	●
Race 3	Patient's race if patient identifies as more than two races	●
Patient Language	Patient's primary language	✓
Patient Birth Order	Number indicated birth order if part of a multiple birth	●
Mother's First Name	Patient's mother's legal first name	●
Mother's Last Name	Patient's mother's legal last name	●
Mother's Maiden Name	Patient's mother's legal maiden name	●
CPT Code	Vaccine type administered billing code	●
CVX Code	Vaccine type administered	✓
Vaccine Type	Specific vaccine administered - name of vaccine	✓

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EMR/EHR/Billing Field	Description	Requirements
Vaccine Manufacturer	Manufacturer for the vaccine administered	✓
Vaccine Date	Date vaccine administered - MMDDYYYY	✓
Vaccine Lot Number	Vaccine administered lot number	✓
Vaccine Injection Site	Body site vaccine administered	✓
Vaccine Injection Route	Vaccine injection route	✓
Vaccine Expiration Date	Vaccine date of expiration - MMDDYYYY	✓
Parent or Guardian Last Name	Parent or guardian's last name	●
Parent or Guardian First Name	Parent or guardian's first name	●
Parent or Guardian Middle Name	Parent or guardian's middle name	●
Parent or Guardian Phone Number	Parent or guardian's phone number	●
Patient Insurance Information	Patient's insurance carrier	●