

# 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](mailto: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 Name    | Clinic where vaccine was administered                       | ●            |
| Provider/Clinic Address | Clinic's full address                                       | ✓            |
| PhilaVax PIN            | PIN used to order vaccine from PhilaVax                     | ✓            |
| 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                                   | ✓            |

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| EMR/EHR/Billing Field           | Description                                                 | Requirements |
|---------------------------------|-------------------------------------------------------------|--------------|
| Vaccine Type                    | Specific vaccine administered - name of vaccine             | ✓            |
| 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                       | ✓            |
| Dose Eligibility                | Patient's Insurance Status                                  | ✓            |
| Funding Source                  | Informs whether the vaccine is privately or publicly funded | ✓            |
| Dose (ml)                       | Amount of administered vaccine in milliliters               | ✓            |
| 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                                 | ●            |