

Sample of HL7 Message meet LINKS HL7 Requirement

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MSH|^~\&|Vendor EMR|SIISCLIENT13838|||20220101091558||VXU|Test Health-1003|P|2.5.1|||AL
PID|||9918^^^MR||Test^Name^F||19750101|M||2028-9^Asian^hl70005|123 main^^New
Orleans^LA^70112||7143301669|||||2186-5 Not Hispanic or Latino CDCREC||2||1
PD1|||Test Health Facility^^SIISCLIENT13838|||||A
NK1|1|Test^Tom^F|GRD^Guardian^HL70063
PV1|R|||||V02^20220101
RXA|0|1|20220101|20220101|62^HPV^CVX|0.5|ML||00^New Immunization||Test Health
Facility^^SIISCLIENT13838||||H044551|20231231|MSD^Merck \T\ Co., Inc.^MVX||||A|
RXR|1M^Intramuscular^HL70162|LD
OBX|1|TS|29769-7^VIS Presentation Date^LN|1|20220101094736|||||F||
OBX|2|ST|30963-3^Vaccine purchased with^LN|Y|||||F||20330101094736
OBX|3|CE|64994-7^vaccination eligibility^LN|V02^Medicaid/Medicaid Managed^HL70064|||||F||20220101
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Yellow=Required.

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

Processing ID (P) (MSH-11)
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)
Phone Number (PID-13) – required on 08/01/2020
Ethnicity Code – (PID-22) required on 02/01/2021
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)(PD1-3.3) (Required if able to send)
Immunization Registry Status (A) (PD1-16) for historical immunization this will allow the practice to take ownership of the patient.
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)