# Idaho's Immunization Reminder Information System (IRIS)

*Flat File with Insurance Information Transfer Specification*

**Version 1.7.2**

Last Updated: February 16, 2016

IRIS

**Change History**

| Published / Revised Date | Version # | Author | Section / Nature of Change |
|---|---|---|---|
| 02/29/2012 | 1.0 | HP Enterprise Services | Created for IRIS Implementation February 29, 2012. |
| 04/02/2012 | 1.1 | HP Enterprise Services | Added Deduct from Inventory via Data Exchange modifications for Release 1.1 on April 2012. |
| 04/12/2012 | 1.1 | HP Enterprise Services | Added new vaccine Influenza, high-dose seasonal, p-free, new trade name Fluzone High Dose, CPT and CVX code. Added new vaccine Influenza, seasonal, intradermal, p-free, new trade name Fluzone Intradermal, new CPT and CVX code. Added new trade name Agriflu Pres-Free. Updated the H1N1-09 CPT codes. |
| 04/20/2012 | 1.1 | HP Enterprise Services | Minor corrections to ensure that the field names are consistent throughout this specification doc. |
| 07/11/2012 | 1.12 | HP Enterprise Services | Added Tenivac trade name to the Td Adult Pres-Free vaccines list. |
| 10/26/2012 | 1.3 | HP Enterprise Services | Added Insurer ID and Policy Number to Immunization Record for FLATV4 version of flat file.<br>Added CPT code list<br>Removed MVX code list |
| 04/03/2013 | 1.4.1.1 | HP Enterprise Services | Added MenHibrix trade name and Meningococcal C/Y-HIB PRP vaccine to acceptable vaccines list (CPT 90644) |
| 08/16/2013 | 1.5 | HP Enterprise Services | Added new 2013-2014 Influenza vaccines |
| 07/31/2014 | 1.6.1 | HP Enterprise Services | Update Vaccine Name, Trade Name and CPT lists in Appendix 2 |
| 08/27/2014 | 1.6.1.1 | HP Enterprise Services | Updates to Influenza CVX codes for 2014-2015 season |
| 03/16/2015 | 1.7 | HP Enterprise Services | Updated Appendix 2: Added new vaccines, trade names, CPT and CVX codes for HPV9, Meningococcal B, and Meningococcal C. |
| 06/30/2015 | 1.7.1 | Hewlett Packard Enterprise | Updated Appendix 2: Added Quadracel |
| 2/16/2016 | 1.7.2 | Hewlett Packard Enterprise | Update Vaccine Name, Trade Name and CPT lists in Appendix 2 |

**Introduction**

Immunization data is passed to the central registry using three flat (fixed length) files containing patient, immunization, and (optional) patient comment information. The files will be linked via a 24-character Record Identifier supplied by the provider of the file. This identifier will uniquely identify each patient within the patient file and will appear in each immunization and comment record to link the records to the appropriate patient. Character fields must be left justified and blank-filled; number fields may be right- or left-justified and blank-filled; date fields must be in format MMDDYYYY. If a site is unable to supply a value for a specified field, the entire field should be populated with spaces.

Below are the fields to include in each of the files. Files must be generated using the ASCII character set. Records will be fixed length and must be terminated with a carriage return and line feed at the end of the file.

For completeness and to assist in patient de-duplication, it is important to submit patient records with as much detail as possible. At a minimum fields identified with a 'Y' in the required column must be submitted for IRIS to process the file. Required fields not meeting the formatting constraints will result in the record being rejected. Records rejected within the patient file will result in all records related to that patient (i.e. record identifier) being rejected. Records not meeting

the formatting constraints within the immunization or comment file may result in only that specific record being rejected. Optional fields not meeting formatting constraints will result in the value listed within the Default column being input for that field. Fields that are optional to accepting records but that are required to deduct from inventory will contain '*Required to Deduct from Inventory' in the Required column.

Of note, patients listed within the patient file without corresponding information (i.e. linked by record identifier) within the immunization file will have their records rejected.

**Patient Data**

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Record Identifier | Char(24) | 1 | Y | | Supplied by sender, used to link a Patient to Immunization and Comment records. |
| Client (Patient ) Status | Char(1) | 25 | | A 'Active' | Use the IRIS code set for **Client (Patient) Status** (see Appendix 2 page 14).<br>If left blank, will default to 'A' (Active). |
| First Name | Char(25) | 26 | Y | | If First Name is left blank, record will be rejected.<br><br>Alphabetic (A-Z), space, hyphen (-), apostrophe ('), and period accepted.<br><br>Note: IRIS does not permit use of false, alias or 'placeholder' names for newborns or other patients. Use of false names facilitates the creation duplicate patient records and incomplete immunization histories. Refer to the False Names List in Appendix C for examples of unacceptable names.<br><br>Values appearing in False Names List (see Appendix 3 page 29) are prohibited and will result in the record being rejected. |
| Middle Name | Char(25) | 51 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted. |
| Last Name | Char(35) | 76 | Y | | If Last Name is left blank, record will be rejected.<br><br>Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted.<br><br>Values appearing in False Names List (see Appendix 3 page 30) are prohibited and will result in the record being rejected. |
| Name Suffix | Char(10) | 111 | | | JR, III, etc.<br><br>See Appendix 3 page 31 for Acceptable Suffix List. |
| Birth Date | Date(8) | 121 | Y | | format: MMDDYYYY |
| Death Date | Date(8) | 129 | | | format: MMDDYYYY |
| Mother's First Name | Char(25) | 137 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted. |

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Mother's Maiden Last Name | Char(35) | 162 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted. |
| Sex (Gender) | Char(1) | 197 | | U 'Unknown' | Use the IRIS code set for **Sex (Gender)**. (See Appendix 2 page 14)<br>If left blank, will default to 'U' (Unknown). |
| Race Code | Char(1) | 198 | | | Use the IRIS code set for **Race Code** (see Appendix 2 page 14). |
| Ethnicity Code | Char(2) | 199 | | | Use the IRIS code set for **Ethnicity Code** (see Appendix 2 page 13). |
| Contact Allowed | Char(2) | 201 | | 02 'Contact Allowed' | Controls whether notices may be sent.<br>Use the IRIS code set for **Contact Allowed** (see Appendix 2 page 12).<br>If left blank, will default to '02 - Contact Allowed'. |
| Patient ID | Char(20) | 203 | | | Identifier (Chart Number) for patient within the sending organization's system. |
| Responsible Party First Name | Char(25) | 223 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted.<br><br>**To input a responsible person First and Last Name, as well as, a Responsible Person Relationship Code are required.*<br><br>**Were any field within the responsible person information to violate constraints the entire responsible person record will be rejected. All other patient information will be input as expected.* |
| Responsible Party Middle Name | Char(25) | 248 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe ('), and period accepted.<br><br>**Were any field within the responsible person information to violate constraints the entire responsible person record will be rejected. All other patient information will be input as expected.* |

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| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Responsible Party Last Name | Char(35) | 273 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe (‘), and period accepted.<br><br>**To input a responsible person First and Last Name, as well as, a Responsible Person Relationship Code are required.*<br><br>**Were any field within the responsible person information to violate constraints the entire responsible person record will be rejected. All other patient information will be input as expected.* |
| Responsible Party Relationship | Char(2) | 308 | | | Use the IRIS code set for **Responsible Party Relationship** (see Appendix 2 page 14).<br><br>**To input a responsible person First and Last Name, as well as, a Responsible Person Relationship Code are required.*<br><br>**Were any field within the responsible person information to violate constraints the entire responsible person record will be rejected. All other patient information will be input as expected.* |
| Street Address | Char(55) | 310 | | | Values appearing in the False Address List (see Appendix 3 page31) are prohibited. |
| PO Box Route Line | Char(55) | 365 | | | |
| Other Address Line | Char(55) | 420 | | | If the value of this field matches an entry in the Address Remove Person list (see Appendix 3), the entire associated Responsible Person record is ignored and not loaded. |
| City | Char(52) | 475 | | | Alphabetic (A-Z) characters, space, hyphen (-), apostrophe (‘), and period allowed. |
| State | Char(2) | 527 | | | Alphabetic (A-Z) characters only. |
| Zip | Char(9) | 529 | | | If plus-4 zip code is available, concatenate the first 5 numeric characters and second 4 numeric characters into a single value, without separators. |
| County (of Residence) | Char(5) | 538 | | | Use the IRIS code set for **County (of Residence)**. (e.g. ID035 for Clearwater County). (See Appendix 2 page 12-13) |
| Phone | Char(17) | 543 | | | Format as digits only starting with the area code, ex. 2081234567. |

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| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Sending Organization | Char(5) | 560 | *Required to contain owning organization id if submitting on behalf of another organization | Submitting Organization | Internal IRIS ID of the provider organization that 'owns' this patient and corresponding immunization records.<br><br>ID specified must match a valid Provider Organization ID. Provision of ID here will result in formation of Active relationship between patient and provider specified. All immunizations within immunization file will be input as "owned" by the provider noted here, unless another provider ID is provided within the immunization record's Sending Organization field.<br><br>*To deduct from inventory, this field is optional if an organization is sending all of its own records. This field is required if an organization other than the organization that owns the record(s) is transmitting this file. |

**Immunization Data (May repeat for multiple immunization records for same patient)**

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Record Identifier | Char(24) | 1 | Y | | Supplied by sender, used to link Immunizations to the appropriate Patient record. If multiple immunizations are sent for the same patient, the same record identifier should be repeated. |
| Vaccine Group | Char(16) | 25 | *Y | | ** At the minimum, one of these three vaccine codes (Vaccine Group, CPT Code or Trade Name) is required.*<br>Use the IRIS code set for **Vaccine Codes** (see Appendix 2 page 16). |
| CPT Code | Char(5) | 41 | | | |
| Trade Name | Char(24) | 46 | | | |
| Vaccination Date | Date(8) | 70 | Y | | format: MMDDYYYY |
| Administration Route Code | Char(2) | 78 | | | Use the IRIS code set for **Administration Route Code** (see Appendix 2 page 11). |
| Body Site Code | Char(4) | 80 | | | Use the IRIS code set for **Body Site Code** (see Appendix 2 page 13). |
| Reaction Code | Char(8) | 84 | | | Use the IRIS code set for **Reaction Code** (see Appendix 2 page 14-15). |
| Manufacturer Code | Char(4) | 92 | | | All incoming Manufacturer code will be ignored and will not be stored in IRIS. This field is retained to maintain filler space the standard formal. |

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Immunization Information Source | Char(2) | 96 | *Required to Deduct from Inventory | 01 'Historical, unspecified source' | Indicates whether this immunization was administered by the submitting organization or is based on immunization information in patient's historical record. Use the IRIS code set for **Immunization Information Source** (see Appendix 2 page 13).<br>NOTE: if left blank, will default to '01 – Historical unspecified source '. Historical immunizations may be edited by any IRIS provider.<br><br>*To deduct from inventory, the source must be 00, i.e. New Immunization Administered (by Sending Organization) |
| Lot Number | Char(30) | 98 | *Required to Deduct from Inventory | | Records processed through data exchange may not be tied to inventory tracked in IRIS. Lot Number may still be stored as historical information.<br><br>*To deduct from inventory, the lot number must be provided.<br><br>Alpha-numeric characters, space, forward slash (/), hash mark (#), hyphen (-), apostrophe ('), and period accepted. |
| Provider Name | Char(50) | 128 | | | Name of administering provider of historical immunizations, if known.<br><br>Alpha-numeric characters, space, forward slash (/), hash mark (#), hyphen (-), apostrophe ('), and period accepted. |
| Administered By Name | Char(50) | 178 | | | The name of the person who administered the vaccination.<br><br>Alpha-numeric characters, space, forward slash (/), hash mark (#), hyphen (-), apostrophe ('), and period accepted.<br><br>*NOTE: Field not currently supported. Values provided will not be loaded to database.* |
| Site Name | Char(30) | 228 | | | Name of the clinic site where the vaccination occurred.<br><br>Alpha-numeric characters, space, forward slash (/), hash mark (#), hyphen (-), apostrophe ('), and period accepted.<br><br>*NOTE: Field not currently supported. Values provided will not be loaded to database.* |

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Sending Organization | Char(5) | 258 | *Required to Deduct from Inventory | Submitting Organization | ID of the provider organization that owns this specific immunization record.<br><br>ID specified must match a valid Provider Organization ID. Provision of ID here will result in formation of an Active relationship between patient and provider specified, and will denote the provider given as the owner of this specific immunization record. Failure to provide ID here will result in ownership of the immunization record being assigned to the Sending Organization ID noted in the associated patient file or, if no patient value specified, the ID of the submitting organization.<br><br>* To deducting from inventory, this field is required to contain the Organization ID. A provider can submit on behalf of a child org by entering the child Organization ID in this field. |
| VFC Eligibility Status (Financial Class or Vaccine Funding Code) | Char(4) | 263 | | V01 'Ineligible' | Patient's VFC Eligibility at time of vaccination. If left blank, will default to 'V01 - Ineligible'.<br><br>Use the IRIS code set for **VFC Eligibility Status** (see Appendix 2 page 16). |
| VFC Funding Type (Vaccine Purchased With) | Char(3) | 267 | | | Funding source of vaccine administered. Use the IRIS code set for **VFC Funding Type** (see Appendix 2 page 16).<br><br>* To deduct from inventory, this is an optional field. If provided, this value may be used in the deduction logic if there still are multiple possible matching lots. |
| Insurance Provider ID | Char(5) | 270 | | | National Association of Insurance Commissioners code (NAIC code) for the insurance provider. Submit the NAIC code if the vaccine administered was covered by private insurance.<br><br>This field is optional and will be retained only if the Eligibility is V01 and the patient is less than 19 years old on the date the vaccine was administered.<br><br>Use the IRIS code set for **Insurance Provider ID** (see Appendix 2 page 13-14). If an insurance provider you want to submit is not on the table, please contact the IRIS Help Desk at iris@dhw.idaho.gov to request an insurer be added to the list. |

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| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Insurance Policy Number | Char(40) | 275 | | | Insurance Policy Number is optional and will be retained only if the Insurance Provider ID is accepted. |

**Comments (Optional File) (May repeat for multiple comment records for same patient)**

| Column | Data Type | Starting Position | Required | Default | Notes |
|---|---|---|---|---|---|
| Record Identifier | Char(24) | 1 | Y | | Supplied by sender, used to link Comments to a Patient's record. If multiple Comments are sent for the same patient, the same record identifier should be repeated. |
| Comment Code | Char(2) | 25 | Y | | Use the IRIS code set for **Comment Code** (see Appendix 2 page 11-12). |
| Applies to Date | Date(8) | 27 | | | The date to which the comment applies or was noted. format: MMDDYYYY |

**Notes on Refusals:**
Vaccination Refusals are sent in the optional Comment file. Please bear the following in mind when sending in refusals or receiving output flat files from IRIS.

a) The IRIS system will accept multiple incoming refusals of the same vaccine provided different Applies-To dates are specified. If multiple records are submitted for the same vaccine and Applies-To date, only one record will be stored.

b) The IRIS system will output all Refusals on file and will send multiple refusals for the same vaccine if they were recorded with different Applies-To dates.

c) The Sending Organization in the patient file will become the owner of the refusal record. In general, only the organization who owns the refusal is permitted to edit it. However, in the case of parent and child organizations, the parent organization may also edit Refusals on behalf of the child organization.

## Appendix 1: Example Flat File

Records are fixed length and must be **blank** filled. In the following example, blanks are represented with the '*' character for illustrative purposes only.

**Patient Record**

```
93875******************ANATHAN******************JEREMY******************WALSH**************
****************JR********10062005********MICHELLE*****************REAMER********************
*******MWNH02*******************MICHELLE****************LEAH********************WALSH*****
*************************32664*ATWOOD*AVE.*****************************************************
****************************************APT*B*****************************************************
*GRAND*VIEW*****************************************ID83839****ID0792085554544*******657**
*
```

**Immunization Records**

```
93875******************HEPB************90731************************10072005******************0
1HBC2344************************EAST*CLINIC*****************************************************
*****************************************************************657**V02*PBF******************
*************************
93875******************POLIO***********90713IPOL********************10162011******************0
1*****************************************************************************************
*****************************************************************657**V02*PBF******************
*************************
93875******************MMR*************90707MMR*II******************11042011IMLD**********MS
D*00LOTMC343*****************************************************************JAMES*K*HO
PPER**********************************TEST*PROVIDER*HEALTH**********657**V01*PBF47055POL12345
T******************************
```

**Comment Code Record**

```
93875******************0611042011
*
```

## Appendix 2: IRIS Code Sets

| Table Item | Code | Description |
|---|---|---|
| **Administration Route Code** | **ID** | Intradermal |
| | **IM** | Intramuscular |
| | **IV** | Intravenous |
| | **NS** | Nasal |
| | **PO** | Oral |
| | **SC** | Subcutaneous |
| | **TD** | Transdermal |
| | **MP** | Multiple Puncture (Small Pox) |
| | | |
| **Body Site Code** | **LA** | Left Arm |
| | **LG** | Left Gluteus Medius |
| | **LT** | Left Thigh |
| | **LD** | Left Deltoid |
| | **LVL** | Left Vastus Lateralis |
| | **LLFA** | Left Lower Forearm |
| | **RA** | Right Arm |
| | **RG** | Right Gluteus Medius |
| | **RT** | Right Thigh |
| | **RD** | Right Deltoid |
| | **RVL** | Right Vastus Lateralis |
| | **RLFA** | Right Lower Forearm |
| | | |
| **Comment Code** | **03** | Allergy to baker's yeast (anaphylactic) |
| | **04** | Allergy to egg ingestion (anaphylactic) |
| | **05** | Allergy to gelatin (anaphylactic) |
| | **06** | Allergy to neomycin (anaphylactic) MMR & IPV |
| | **07** | Allergy to Streptomycin (anaphylactic) |
| | **08** | Allergy to Thimerosal (anaphylactic) |
| | **10** | Anaphylactic (life-threatening) reaction of previous doses of non-specific vaccine group. |
| | **22** | Chronic Illness |
| | **21** | Current acute illness, moderate to severe |
| | **14** | Current diarrhea, moderate to severe |
| | **16** | Current fever with moderate-to-severe illness |
| | **15** | Encephalopathy within 7 days of previous dose of DTP |
| | **18** | Guillain-Barre Syndrome (GBS) within 6 weeks after DTP/DTaP |
| | **XC** | History of Chicken Pox/Varicella |
| | **23** | Immune globulin (IG) administration, recent or simultaneous |
| | **24** | Immunity: Diphtheria |
| | **25** | Immunity: Haemophilus Influenzae type B |
| | **XA** | Immunity: Hepatitis A |
| | **26** | Immunity: Hepatitis B |
| | **27** | Immunity: Measles |
| | **28** | Immunity: Mumps |
| | **29** | Immunity: Pertussis |
| | **30** | Immunity: Poliovirus |

IRIS

| Table Item | Code | Description |
|---|---|---|
| Comment Code (continued) | 31 | Immunity: Rubella |
| | 32 | Immunity: Tetanus |
| | 33 | Immunity: Varicella (chicken pox) |
| | 34 | Immunodeficiency (family history)OPV & VZV |
| | 35 | Immunodeficiency (household contact) OPV |
| | 36 | Immunodeficiency (in recipient) OPV & MMR & VZV |
| | 37 | Neurologic disorders, underlying (seizure disorder) |
| | 38 | Otitis media (ear infection) moderate to severe |
| | XB | Patient has been exposed to rabies |
| | 39 | Pregnancy (in recipient) |
| | P1 | Refusal of DT |
| | P2 | Refusal of DTaP |
| | PB | Refusal of HepA |
| | P3 | Refusal of HepB |
| | P4 | Refusal of Hib |
| | PC | Refusal of Influenza |
| | P5 | Refusal of MMR |
| | PG | Refusal of Pertussis |
| | P6 | Refusal of Pneumococcal |
| | P7 | Refusal of Polio |
| | PH | Refusal of Smallpox |
| | P8 | Refusal of TD |
| | P9 | Refusal of Varicella |
| | 40 | Thrombocytopenia |
| | 41 | Thrombocytopenia purpura (history) |
| | | |
| Contact Allowed | 01 | No contact allowed – Reminder Notices are not to be sent. |
| | 02 | Contact Allowed – Reminder Notices will be sent. |
| | | |
| County (of Residence) | ID001 | Ada |
| | ID003 | Adams |
| | ID005 | Bannock |
| | ID007 | Bear Lake |
| | ID009 | Benewah |
| | ID011 | Bingham |
| | ID013 | Blaine |
| | ID015 | Boise |
| | ID017 | Bonner |
| | ID019 | Bonneville |
| | ID021 | Boundary |
| | ID023 | Butte |
| | ID025 | Camas |
| | ID027 | Canyon |
| | ID029 | Caribou |
| | ID031 | Cassia |
| | ID033 | Clark |
| | ID035 | Clearwater |
| | ID037 | Custer |

IRIS

| Table Item | Code | Description |
|---|---|---|
| County (of Residence) (continued) | ID039 | Elmore |
| | ID041 | Franklin |
| | ID043 | Fremont |
| | ID045 | Gem |
| | ID047 | Gooding |
| | ID049 | Idaho |
| | ID051 | Jefferson |
| | ID053 | Jerome |
| | ID055 | Kootenai |
| | ID057 | Latah |
| | ID059 | Lemhi |
| | ID061 | Lewis |
| | ID063 | Lincoln |
| | ID065 | Madison |
| | ID067 | Minidoka |
| | ID069 | Nez Perce |
| | ID071 | Oneida |
| | ID073 | Owyhee |
| | ID075 | Payette |
| | ID077 | Power |
| | ID079 | Shoshone |
| | ID081 | Teton |
| | ID083 | Twin Falls |
| | ID085 | Valley |
| | ID087 | Washington |
| | | |
| Ethnicity Code | NH | Non-Hispanic |
| | H | Hispanic |
| | | |
| Immunization Information Source | 00 | New Immunization Administered (by Sending Organization) |
| | 01 | Historical Source Unspecified |
| | 02 | Historical Other Provider |
| | 03 | Historical Parent Written Record |
| | 04 | Historical Parent Recall |
| | 05 | Historical Other Registry |
| | 06 | Historical Birth Certificate |
| | 07 | Historical School Record |
| | 08 | Historical Public Agency |
| | | |
| Insurance Provider ID (NAIC) | 72052 | Aetna Health Insurance Company |
| | 95407 | Altius Hlth Plans Inc |
| | 60095 | Blue Cross of ID Hlth Serv Inc |
| | 62146 | Combined Ins Co Of Amer |
| Insurance Provider ID (NAIC) (continued) | 47055 | Group Hlth Options Inc |
| | 97055 | Mega Life & Hlth Ins Co The |
| | 54976 | Pacificsource Hlth Plans |
| | 60131 | Regence Blueshield Of ID Inc |

IRIS

| Table Item | Code | Description |
|---|---|---|
| | **0** | Tricare |
| | **69868** | United Of Omaha Life Ins Co |
| | **79413** | UnitedHealthcare Ins Co |
| | | |
| **Patient Status** | **A** | Active (Default) |
| | **M** | Moved Out of State |
| | **N** | Inactive |
| | **P** | Deceased |
| | | |
| **Race Code** | **I** | American Indian or Alaska Native |
| | **A** | Asian |
| | **B** | Black or African-American |
| | **W** | White |
| | **O** | Other Race |
| | | |
| **Responsible Party Relationship** | **18** | Self |
| | **61** | Aunt |
| | **62** | Brother |
| | **33** | Father |
| | **87** | Foster Father |
| | **88** | Foster Mother |
| | **97** | Grandfather |
| | **98** | Grandmother |
| | **26** | Guardian |
| | **32** | Mother |
| | **B7** | Sister |
| | **64** | Spouse |
| | **48** | Stepfather |
| | **49** | Stepmother |
| | **D3** | Uncle |
| | | |
| **Reaction Code** | **CRYING** | Persistent crying lasting >= 3 hours within 48 hours of immunization |
| | **ERVISIT** | Emergency room/doctor visit required |
| | **FEVER105** | Temperature >= 105 (40.5 C) within 48 hours of immunization |
| | **HYPOTON** | Hypotonic-hypo responsive collapse within 48 hours of immunization |
| | **PERTCONT** | Pertussis allergic reaction |
| | **SEIZURE** | Seizure occurring within 3 days |
| | **TETCONT** | Tetanus allergic reaction |
| | | |
| | | |
| | | |
| **Sex (Gender)** | **F** | Female |
| | **M** | Male |
| | **U** | Unknown (Default) |
| | | |
| **VFC Eligibility Status** | **V01** | Ineligible (Default) |
| | **V02** | Medicaid |
| | **V03** | Uninsured |

TRIS

| Table Item | Code | Description |
|---|---|---|
| **(Financial Class or Vaccine Funding Code)** | **V04** | American Indian /Alaskan Native |
| | **V05** | Underinsured FQHC/RHC |
| | | |
| **VFC Funding Type (Vaccine Purchased With)** | **PVF** | Private Funds |
| | **PBF** | Public Funds |

IRIS

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| IRIS | WVGC | Vaccine Group Code | | |
| | WVGC | | Adeno | Adeno |
| | WVGC | | Anthrax | Anthrax |
| | WVGC | | BCG | BCG |
| | WVGC | | Cholera | Cholera |
| | WVGC | | Diphtheria | Diphtheria Antitoxin |
| | WVGC | | DTP/aP | Diphtheria, Tetanus, Acellular Pertussis |
| | WVGC | | Encephalitis | Encephalitis |
| | WVGC | | Flu H1N1-09 | Novel Influenza-09 |
| | WVGC | | HepA | Hepatitis A |
| | WVGC | | HepB | Hepatitis B |
| | WVGC | | Hib | Hib |
| | WVGC | | HPV | Human Papilloma Virus |
| | WVGC | | Ig | Ig |
| | WVGC | | IG-RSV IgIM | IG-RSV IgIM |
| | WVGC | | Influenza | Influenza |
| | WVGC | | Lyme | Lyme |
| | WVGC | | Measles | Measles Virus Vaccine |
| | WVGC | | MMR | Measles, Mumps, Rubella |
| | WVGC | | Mening | Meningococcal groups A, C, Y and W-135 |
| | WVGC | | MeningB | Meningococcal B |
| | WVGC | | Mumps | Mumps Virus Vaccine |
| | WVGC | | Plague | Plague |
| | WVGC | | Pneumococcal | Pneumonia Conjugate |
| | WVGC | | Pneumo-Poly | Pneumonia Polysaccharide |
| | WVGC | | Polio | Poliomyelitis |
| | WVGC | | Rabies | Rabies |
| | WVGC | | Rotavirus | Rotavirus |
| | WVGC | | Rubella | Rubella Virus Vaccine |
| | WVGC | | Tetanus | Tetanus |
| | WVGC | | Td | Tetanus Diphtheria |
| | WVGC | | Typhoid | Typhoid |
| | WVGC | | Smallpox | Vaccinia |
| | WVGC | | Varicella | Varicella |
| | WVGC | | Yellow Fever | Yellow Fever |
| | WVGC | | Zoster | Zoster |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| IRIS | WVTN | Vaccine Trade Name | | |
| | WVTN | | ACAM2000 | Smallpox |
| | WVTN | | Acel-Imune | DTaP |
| | WVTN | | ActHib | Hib-PRP-T |
| | WVTN | | Adacel | Tdap |
| | WVTN | | Adeno T4 | Adeno T4 |
| | WVTN | | Adeno T7 | Adeno T7 |
| | WVTN | | Adenovirus T4 and T7 | Adenovirus types 4 and 7 |
| | WVTN | | AFLURIA | Influenza, seasonal, injectable |
| | WVTN | | AFLURIA Pres-Free | Influenza, seasonal, injectable, p-free |
| | WVTN | | Agriflu Pres-Free | Influenza, seasonal, injectable, p-free |
| | WVTN | | Anthrax | Anthrax |
| | WVTN | | Attenuvax | Measles |
| | WVTN | | BabyBIG | Botulism |
| | WVTN | | BayTet | TIg |
| | WVTN | | BCG-Cancer | BCG-BC |
| | WVTN | | BCG-TB | BCG-TB |
| | WVTN | | Bexsero | Meningococcal B, OMV |
| | WVTN | | Biavax II | Rubella-Mumps |
| | WVTN | | BIG | Botulism |
| | WVTN | | BioThrax | Anthrax |
| | WVTN | | Boostrix | Tdap |
| | WVTN | | Botulinum-antitoxin | Botulinum-antitoxin |
| | WVTN | | Botulism | Botulism |
| | WVTN | | Certiva | DTaP |
| | WVTN | | Cervarix | 2vHPV |
| | WVTN | | Cholera-I | Cholera-Inject |
| | WVTN | | Cholera-O | Cholera-Oral |
| | WVTN | | CMV-IgIV | CMV-IgIV |
| | WVTN | | Comvax | HepB-Hib |
| | WVTN | | DAPTACEL | DTaP,5 pertussis antigens |
| | WVTN | | DECAVAC | Td (adult), p-free |
| | WVTN | | Diphtheria | Diphtheria |
| | WVTN | | Diphtheria-antitoxin | Diphtheria-antitoxin |
| | WVTN | | Dryvax | Smallpox |
| | WVTN | | DT | DT-Peds |
| | WVTN | | DTP | DTP |
| | WVTN | | Engerix-B Adult | HepB-Adult |
| | WVTN | | Engerix-B dialysis | HepB-Dialysis 4 dose |
| | WVTN | | Engerix-B Peds | HepB-Peds |
| | WVTN | | Flebogamma | IgIV |
| | WVTN | | Flu-Unspecified | FLU, unspecified formulation |
| | WVTN | | Flu-Imune | Influenza, seasonal, injectable |
| | WVTN | | Flu-Shield | Influenza, seasonal, injectable |
| | WVTN | | Fluarix Pres-Free | Influenza, seasonal, injectable, p-free trivalent |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| | WVTN | | Fluarix Quad PF | Influenza (IIV4) p-free (.5 mL for 3 years and older) |
| | WVTN | | Flublok | Influenza, recombinant, inject, p-free |
| | WVTN | | Flucelvax | Influenza, injectable, MDCK, p-free |
| | WVTN | | FluLaval | Influenza, seasonal, injectable trivalent |
| | WVTN | | FluLaval Quad | Influenza (IIV4) multi-dose vial |
| | WVTN | | FluLaval Quad PF | Influenza (IIV4) p-free (.5 mL for 3 years and older) |
| | WVTN | | FluMist | FLU-Nasal trivalent |
| | WVTN | | FluMist Quadrivalent | Influenza, live, nasal, quadrivalent |
| | WVTN | | Fluogen | Influenza, seasonal, injectable trivalent |
| | WVTN | | Fluvirin | Influenza, seasonal, injectable trivalent |
| | WVTN | | Fluvirin Pres-Free | Influenza, seasonal, injectable, p-free trivalent |
| | WVTN | | Fluzone | Influenza, seasonal, injectable trivalent |
| | WVTN | | Fluzone High-Dose | Influenza, high-dose seasonal, p-free |
| | WVTN | | Fluzone Intradermal | Influenza, seasonal, intradermal, p-free trivalent |
| | WVTN | | Fluzone Pres-Free | Influenza, seasonal, injectable, p-free trivalent |
| | WVTN | | Fluzone Quad | Influenza (IIV4) multi-dose vial |
| | WVTN | | Fluzone Quad Intradermal | Influenza (IIV4) intradermal, p-free |
| | WVTN | | Fluzone Quad PF | Influenza (IIV4) p-free (.5 mL for 3 years and older) |
| | WVTN | | Fluzone Quad PF Infant | Influenza (IIV4) p-free, infant (.25 mL for 6 months – 35 months) |
| | WVTN | | Gardasil | 4vHPV |
| | WVTN | | Gardasil 9 | 9vHPV |
| | WVTN | | Havrix-Adult | HepA-Adult |
| | WVTN | | Havrix-Peds 2 Dose | HepA-Ped 2 Dose |
| | WVTN | | Havrix-Peds 3 Dose | HepA-Peds |
| | WVTN | | HBIg | HBIg |
| | WVTN | | Hiberix | Hib-PRP-D |
| | WVTN | | Hib-TITER | Hib-HbOC |
| | WVTN | | H1N1 Nasal | Novel Influenza-H1N1-09, nasal |
| | WVTN | | H1N1 P-free, CSL | Novel Influenza-H1N1-09, preserve-free |
| | WVTN | | H1N1 P-free, Novartis | Novel Influenza-H1N1-09, preserve-free |
| | WVTN | | H1N1 P-free, Sanofi | Novel Influenza-H1N1-09, preserve-free |
| | WVTN | | H1N1 CSL | Novel Influenza-H1N1-09 |
| | WVTN | | H1N1 Novartis | Novel Influenza-H1N1-09 |
| | WVTN | | H1N1 Sanofi Pasteur | Novel Influenza-H1N1-09 |
| | WVTN | | Ig | Ig |
| | WVTN | | IgIV | IgIV |
| | WVTN | | Imovax Rabies ID | Rabies-ID |
| | WVTN | | Imovax Rabies IM | Rabies-IM |
| | WVTN | | Infanrix | DTaP |
| | WVTN | | IPOL | Polio-Inject |
| | WVTN | | Ixiaro | Japanese Encephalitis IM |
| | WVTN | | JE-Vax | Japanese Encephalitis SC |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| | WVTN | | Kinrix | DTaP-IPV |
| | WVTN | | LYMErix | Lyme |
| | WVTN | | M-R-VAX | Measles-Rubella |
| | WVTN | | Measles | Measles |
| | WVTN | | Measles-Rubella (MERU) | Measles-Rubella |
| | WVTN | | Menactra | Meningococcal-MCV4P |
| | WVTN | | MenHibrix | Meningococcal C/Y-HIB PRP |
| | WVTN | | Meningococcal C | Meningococcal C (May be given outside U.S.) |
| | WVTN | | MENOMUNE | Meningococcal-MPSV4 |
| | WVTN | | Menveo | Meningococcal-MCV4O |
| | WVTN | | Meruvax II | Rubella |
| | WVTN | | MMR II | MMR |
| | WVTN | | Mumps | Mumps |
| | WVTN | | Mumps-Rubella (MURU) | Rubella-Mumps |
| | WVTN | | Mumpsvax | Mumps |
| | WVTN | | Mycobax | BCG-TB |
| | WVTN | | OmniHib | Hib-PRP-T |
| | WVTN | | ORIMUNE | Polio-Oral |
| | WVTN | | Pediarix | DTaP-HepB-IPV |
| | WVTN | | Pentacel | DTaP-IPV/Hib |
| | WVTN | | PedvaxHIB | Hib-OMP |
| | WVTN | | Plague | Plague |
| | WVTN | | Pneumovax 23 | Pneumococcal 23 |
| | WVTN | | PNU-IMUNE 23 | Pneumococcal 23 |
| | WVTN | | Prevnar 7 | Pneumo-Conjugate 7 |
| | WVTN | | Prevnar13 | Pneumo-Conjugate Vaccine 13 |
| | WVTN | | ProHIBit | Hib-PRP-D |
| | WVTN | | ProQuad | MMRV |
| | WVTN | | Quadracel | DTaP-IPV |
| | WVTN | | RabAvert | Rabies-IM |
| | WVTN | | Recombivax Peds | HepB-Peds |
| | WVTN | | Recombivax-Adult | HepB-Adult |
| | WVTN | | Recombivax-Dialysis | HepB-Dialysis 4 dose |
| | WVTN | | RespiGam | RSV-IgIV |
| | WVTN | | Rho(D)Full | Rho(D)Full |
| | WVTN | | Rho(D)IV | Rho(D)IV |
| | WVTN | | Rho(D)Mini | Rho(D)Mini |
| | WVTN | | RIg | RIg |
| | WVTN | | RIg-HT | RIg-HT |
| | WVTN | | Rotarix | Rotavirus, Monovalent |
| | WVTN | | RotaShield | Rotavirus, Tetravalent |
| | WVTN | | RotaTeq | Rotavirus, Pentavalent |
| | WVTN | | RSV-IgIM | RSV-IgIM |
| | WVTN | | Synagis | RSV-IgIV |
| | WVTN | | Rubella | Rubella |
| | WVTN | | Td | Td (adult), adsorbed |
| | WVTN | | TENIVAC | Td (adult), p-free |
| | WVTN | | Tetramune | DTP-Hib |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| | WVTN | | TICE BCG | BCG-TB |
| | WVTN | | TIg | TIg |
| | WVTN | | TriHIBit | DTaP-Hib |
| | WVTN | | Tripedia | DTaP |
| | WVTN | | Trumenba | Meningococcal B, recombinant |
| | WVTN | | TT | Tetanus |
| | WVTN | | Twinrix | HepA-HepB Adult |
| | WVTN | | Typhim Vi | Typhoid-ViCPs |
| | WVTN | | Typhoid | Typhoid-HP |
| | WVTN | | Typhoid-AKD | Typhoid-AKD |
| | WVTN | | Vaccinia, diluted | Vaccinia (smallpox), diluted |
| | WVTN | | Vaccinia VIG | Vaccinia immune globulin VIG |
| | WVTN | | VAQTA-Adult | HepA-Adult |
| | WVTN | | VAQTA-Peds 2 Dose | HepA-Ped 2 Dose |
| | WVTN | | VAQTA-Peds 3 Dose | HepA-Peds 3 Dose |
| | WVTN | | Varivax | Varicella |
| | WVTN | | Vivotif Berna/Ty21a | Typhoid-Oral |
| | WVTN | | VZIg | VZIg (IND) |
| | WVTN | | YF-VAX | Yellow Fever |
| | WVTN | | Zostavax | Zoster (shingles), live |

IRIS

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| CPT Codes | CPT | CPT CODE | | |
| | CPT | | 90281 | Ig |
| | CPT | | 90283 | IgIV |
| | CPT | | 90287 | Botulinum-antitoxin |
| | CPT | | 90288 | Botulism |
| | CPT | | 90291 | CMV-IgIV |
| | CPT | | 90296 | Diphtheria-antitoxin |
| | CPT | | 90371 | HBIg |
| | CPT | | 90375 | RIg |
| | CPT | | 90376 | RIg-HT |
| | CPT | | 90378 | RSV-IgIM |
| | CPT | | 90379 | RSV-IgIV |
| | CPT | | 90384 | Rho(D)Full |
| | CPT | | 90385 | Rho(D)Mini |
| | CPT | | 90386 | Rho(D)IV |
| | CPT | | 90389 | TIg |
| | CPT | | 90393 | Vaccinia immune globulin VIG |
| | CPT | | 90476 | Adeno T4 |
| | CPT | | 90477 | Adeno T7 |
| | CPT | | 90581 | Anthrax |
| | CPT | | 90585 | BCG-TB |
| | CPT | | 90586 | BCG-BC |
| | CPT | | 90620 | Meningococcal B, OMV |
| | CPT | | 90621 | Meningococcal B, recombinant |
| | CPT | | 90630 | Influenza (IIV4) intradermal, p-free |
| | CPT | | 90592 | Cholera-Oral |
| | CPT | | 90632 | HepA-Adult |
| | CPT | | 90633 | HepA-Ped 2 Dose |
| | CPT | | 90634 | HepA-Peds |
| | CPT | | 90636 | HepA-HepB Adult |
| | CPT | | 90645 | Hib-HbOC |
| | CPT | | 90646 | Hib-PRP-D |
| | CPT | | 90647 | Hib-OMP |
| | CPT | | 90648 | Hib-PRP-T |
| | CPT | | 90649 | 4vHPV |
| | CPT | | 90650 | 2vHPV |
| | CPT | | 90651 | 9vHPV |
| | CPT | | 90654 | Influenza, seasonal, intradermal, p-free |
| | CPT | | 90655 | Influenza, seasonal, injectable, p-free (6 months - 35 months) trivalent |
| | CPT | | 90656 | Influenza, seasonal, injectable, p-free (3 years and older) trivalent |
| | CPT | | 90657 | Influenza, seasonal, injectable(6 months - 35 months) trivalent |
| | CPT | | 90658 | Influenza, seasonal, injectable (3 years and older) trivalent |
| | CPT | | 90659 | Influenza-Whole Virus |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| | CPT | | 90660 | FLU-Nasal trivalent |
| | CPT | | 90661 | Influenza, injectable, MDCK, p-free |
| | CPT | | 90662 | Influenza, high-dose seasonal, p-free |
| | CPT | | 90663 | Novel Influenza-H1N1-09 all formulations |
| | CPT | | 90664 | Novel Influenza-H1N1-09, nasal |
| | CPT | | 90665 | Lyme |
| | CPT | | 90666 | Novel Influenza-H1N1-09, preserve-free |
| | CPT | | 90668 | Novel Influenza-H1N1-09 |
| | CPT | | 90669 | Pneumo-Conjugate 7 |
| | CPT | | 90670 | Pneumo-Conjugate 13 |
| | CPT | | 90672 | Influenza, live, nasal, quadrivalent |
| | CPT | | 90673 | Influenza, recombinant, inject, p-free |
| | CPT | | 90675 | Rabies-IM |
| | CPT | | 90676 | Rabies-ID |
| | CPT | | 90680 | Rotavirus, Tetravalent (DOS prior to 10/16/1999) |
| | CPT | | 90680 | Rotavirus, Pentavalent (DOS on or after 02/03/2006) |
| | CPT | | 90680 | Rotavirus (DOS between 10/16/1999 and 02/02/2006) |
| | CPT | | 90681 | Rotavirus, Monovalent |
| | CPT | | 90685 | Influenza (IIV4) p-free, infant (.25 mL for 6 months – 35 months) |
| | CPT | | 90686 | Influenza (IIV4) p-free (.5 mL for 3 years and older) |
| | CPT | | 90687 | Influenza (IIV4) multi-dose vial (.25 mL for 6 months – 35 months) |
| | CPT | | 90688 | Influenza (IIV4) multi-dose vial (.5 mL for 3 years and older) |
| | CPT | | 90690 | Typhoid-Oral |
| | CPT | | 90691 | Typhoid-ViCPs |
| | CPT | | 90692 | Typhoid-HP |
| | CPT | | 90693 | Typhoid-AKD |
| | CPT | | 90696 | DTaP-IPV |
| | CPT | | 90698 | DTaP-IPV/Hib |
| | CPT | | 90700 | DTaP |
| | CPT | | 90701 | DTP |
| | CPT | | 90702 | DT-Peds |
| | CPT | | 90703 | Tetanus toxoid, adsorbed |
| | CPT | | 90704 | Mumps |
| | CPT | | 90705 | Measles |
| | CPT | | 90706 | Rubella |
| | CPT | | 90707 | MMR |
| | CPT | | 90708 | Measles-Rubella |
| | CPT | | 90709 | Rubella-Mumps |
| | CPT | | 90710 | MMRV |
| | CPT | | 90712 | Polio-Oral |
| | CPT | | 90713 | Polio-Inject |
| | CPT | | 90714 | Typhoid (DOS prior to 07/01/2005) |
| | CPT | | 90714 | Td (adult), p-free DOS on or after 07/01/2005) |
| | CPT | | 90715 | Tdap |
| | CPT | | 90716 | Varicella |

| Type | Table | Table Name | Value | Description |
|---|---|---|---|---|
| | CPT | | 90717 | Yellow Fever |
| | CPT | | 90718 | Td (adult), adsorbed |
| | CPT | | 90719 | Diphtheria |
| | CPT | | 90720 | DTP-Hib |
| | CPT | | 90721 | DTaP-Hib |
| | CPT | | 90723 | DTaP-HepB-IPV |
| | CPT | | 90724 | FLU |
| | CPT | | 90725 | Cholera-Inject |
| | CPT | | 90726 | Rabies |
| | CPT | | 90727 | Plague |
| | CPT | | 90728 | BCG |
| | CPT | | 90730 | Hep A |
| | CPT | | 90731 | Hep B |
| | CPT | | 90732 | Pneumococcal 23 |
| | CPT | | 90733 | Meningococcal-MPSV4 |
| | CPT | | 90734 | Meningococcal-MCV4 |
| | CPT | | 90735 | Japanese Encephalitis SC |
| | CPT | | 90736 | Zoster (shingles), live |
| | CPT | | 90737 | Hib |
| | CPT | | 90738 | Japanese Encephalitis IM |
| | CPT | | 90740 | HepB-Dialysis 3 dose |
| | CPT | | 90743 | HepB-Adult |
| | CPT | | 90741 | Immune Globulin, unspecified formulation |
| | CPT | | 90744 | HepB-Peds |
| | CPT | | 90745 | Hep B, adolescent/high risk infant |

IRIS

**VACCINE RELATIONSHIPS**

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| 90476 | 54 | Adeno | Adeno T4 | Adeno T4 | Adenovirus Type 4, live oral | WAL |
| 90477 | 55 | | Adeno T7 | Adeno T7 | Adenovirus Type 7, live oral | WAL |
| | 143 | | Adenovirus types 4 and 7 | Adenovirus T4 and T7 | Adenovirus types 4 and 7 | BRR |
| | 82 | | Adeno | | Adenovirus, unspecified formulation | |
| 90581 | 24 | Anthrax | Anthrax | Anthrax | Anthrax | MIP |
| | | | | BioThrax | Anthrax | MIP |
| 90585 | 19 | BCG | BCG-TB | BCG-TB | Bacillus Calmette-Guerin TB | OTC |
| | | | | Mycobax | | PMC |
| | | | | TICE BCG | | OTC |
| 90586 | | | BCG-BC | BCG-Cancer | Bacillus Calmette-Guerin bladder cancer | OTC |
| 90728 | | | BCG | | BCG, unspecified formulation | |
| 90725 | 26 | Cholera | Cholera-Inject | Cholera-I | Cholera Injectable | CHI |
| 90592 | | | Cholera-Oral | Cholera-O | Cholera Oral | CHI |
| 90719 | | Diphtheria | Diphtheria | Diphtheria | Diphtheria | PD |
| 90700 | 20 | DTP/aP | DTaP | Acel-Imune | Diphtheria, Tetanus, acellular Pertussis | WAL |
| | | | | Certiva | | BAH |
| | | | | Infanrix | | SKB |
| | | | | Tripedia | | PMC |
| | 106 | | DTaP, 5 pertussis antigens | DAPTACEL | Diphtheria, Tetanus, acellular Pertussis, 5 antigens | PMC |
| 90701 | 01 | | DTP | DTP | Diphtheria, Tetanus, whole cell Pertussis | PMC |
| 90702 | 28 | | DT-Peds | DT | Diphtheria Tetanus pediatric | PMC |
| 90720 | 22 | | DTP-Hib | Tetramune | DTP – Hib combination | WAL |
| 90721 | 50 | | DTaP-Hib | TriHIBit | DTaP-Hib combination | PMC |
| 90696 | 130 | | DTaP-IPV | Kinrix | DTaP-IPV | SKB |
| | | | | Quadracel | DTaP-IPV | PMC |
| 90723 | 110 | | DTaP-HepB-IPV | Pediarix | DTAP-HepB -IPV combination | SKB |
| 90698 | 120 | | DTaP-IPV/Hib | Pentacel | DTaP-IPV/Hib combination | PMC |
| | 102 | | DTaP/DTP-Hib-HepB | | DTaP-Hib-HepB combination, historial formulation | |
| | 132 | | DTaP-IPV-Hib-HepB, historical | | DTaP-IPV- Hib-HepB combination, historial formulation | |
| | 146 | | DTaP, IPV, Hib, HepB | | DTaP-IPV- Hib-HepB combination | |
| | 107 | | DTP/aP | | DTaP, unspecified formulation | |
| 90664 | 125 | Flu H1N1-09 | Novel Influenza-H1N1-09, nasal | H1N1 Nasal | 2009 Influenza-H1N1, nasal | MED |
| 90666 | 126 | | Novel Influenza-H1N1-09, preserve-free | H1N1 p-free, CSL | 2009 Influenza-H1N1, preservative free, injectable | CSL |
| | | | | H1N1 p-free, Novartis | | NOV |
| | | | | H1N1 p-free, Sanofi | | PMC |
| 90668 | 127 | | Novel Influenza-H1N1-09, preserve-free | H1N1 CSL | 2009 Influenza-H1N1, preservative free, injectable | CSL |
| | | | | H1N1 Novartis | | NOV |

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| | | | | H1N1 Sanofi Pasteur | | PMC |
| | 128 | | Novel Influenza-H1N1-09 all formulations | | 2009 Influenza-H1N1, unspecified formulation | |
| 90632 | 52 | HepA | HepA Adult | Havrix-Adult | Hepatitis A Adult | SKB |
| | | | | VAQTA-Adult | | MSD |
| 90633 | 83 | | HepA Ped-2 dose | Havrix-Peds 2 Dose | Hepatitis A Pediatric/Adolescent 2 dose | SKB |
| | | | | VAQTA-Peds 2 Dose | | MSD |
| 90634 | 84 | | HepA Ped-3 dose | VAQTA-Peds 3 | Hepatitis A Pediatric/Adolescent 3 dose | MSD |
| | | | | Havrix-Peds 3 Dose | | SKB |
| 90636 | 104 | | HepA-HepB Adult | Twinrix | Hepatitis A & Hepatitis B Adult | SKB |
| 90730 | 85 | | Hep A | | Hep A , unspecified formulation | |
| | 31 | | Hep A-Peds, unspecified formulation | | Inactive code, Recorded as CVX 85 | |
| 90636 | 104 | HepB | HepA-HepB Adult | Twinrix | Hepatitis A & Hepatitis B adult | SKB |
| 90723 | 110 | | DTAP-HepB-IPV | Pediarix | DTAP-HepB-IPV combination | SKB |
| 90740 | 44 | | Hep B-Dialysis 3 dose | | Hepatitis B Dialysis 3 dose | |
| 90743 | 43 | | HepB Adult | Recombivax-Adult | Hepatitis B Adult Dose 1ml | MSD |
| 90744 | 08 | | HepB Pediatric | Recombivax Peds | Hepatitis B Pediatric/Adolescent .5ml | MSD |
| | | | | Engerix-B Peds | | SKB |
| 90745 | 42 | | Hep B, Adolescent/High Risk infant | | Hep B, Adolescent/High Risk infant | |
| 90746 | 43 | | HepB Adult | Recombivax-Adult | Hepatitis B adult dose 1ml | MSD |
| | | | | Engerix-B Adult | | SKB |
| 90747 | 44 | | HepB-Dialysis 4 dose | Recombivax-Dialysis | Hepatitis B Dialysis 4 dose | MSD |
| | | | | Engerix-B dialysis | | SKB |
| 90748 | 51 | | HepB-Hib | Comvax | HepB-Hib Combination | MSD |
| | 102 | | DTaP/DTP-Hib-HepB | | DTaP-Hib-HepB combination, historial formulation | |
| | 132 | | DTaP-IPV-Hib-HepB, historical | | DTaP-IPV- Hib-HepB combination, historial formulation | |
| | 146 | | DTaP, IPV, Hib, HepB | | DTaP-IPV- Hib-HepB combination | |
| 90731 | 45 | | Hep B | | Hep B, unspecified formulation | |
| 90645 | 47 | Hib | Hib-HbOC | Hib-TITER | Hæmophilus influenzæ b HbOC 4 dose | WAL |
| 90646 | 46 | | Hib-PRP-D | ProHIBit | Hæmophilus influenzæ b PRP-D booster | PMC |
| 90647 | 49 | | Hib-OMP | PedvaxHIB | Hæmophilus influenzæ b OMP 3 dose | MSD |
| 90648 | 48 | | Hib-PRP-T | OmniHib | Hæmophilus influenzæ b PRP-T 4 dose | PMC |
| | | | | ActHib | | PMC |
| | | | | Hiberix | | SKB |
| 90720 | 22 | | DTP-Hib | Tetramune | DTP-Hib combination | WAL |
| 90721 | 50 | | DTaP-Hib | TriHIBit | DTaP-Hib combination | PMC |
| 90748 | 51 | | HepB-Hib | Comvax | HepB-Hib combination | MSD |
| 90698 | 120 | | DTaP-IPV/Hib | Pentacel | DTaP-Hib-IPV combination | PMC |

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| 90644 | 148 | | Meningococcal C/Y-HIB PRP | MenHibrix | Mening-Hib combination | GSK |
| | 102 | | DTaP/DTP-Hib-HepB | | DTaP-Hib-HepB combination, historial formulation | |
| | 132 | | DTaP-IPV-Hib-HepB, historical | | DTaP-IPV- Hib-HepB combination, historial formulation | |
| | 146 | | DTaP, IPV, Hib, HepB | | DTaP-IPV- Hib-HepB combination | |
| 90737 | 17 | | Hib | | Hib, unspecified formulation | |
| 90649 | 62 | HPV | 4vHPV | Gardasil | Human Papilloma Virus, quadrivalent | MSD |
| 90650 | 118 | | 2vHPV | Cervarix | Human Papilloma Virus, bivalent | SKB |
| 90651 | 165 | | 9vHPV | Gardasil 9 | Human Papilloma Virus 9-valent | MSD |
| | 137 | | HPV | | Human Papilloma Virus, unspecified formulation | |
| 90281 | 86 | Ig | Ig | Ig | Ig human | |
| 90283 | 87 | | IgIV | IgIV | Ig IV human | |
| | | | | Flebogamma | | |
| 90287 | 27 | | Botulinum-antitoxin | Botulinum-antitoxin | Botulinum antitoixin equine | |
| 90288 | | | Botulism | BabyBIG | Botulism Immune Globulin | |
| | | | | Botulism | | |
| | | | | BIG | | |
| 90291 | 29 | | CMV-IgIV | CMV-IgIV | Cytomegalovirus Ig IV human | |
| 90296 | 12 | | Diphtheria-antitoxin | Diphtheria-antitoxin | Diphtheria antitoxin, equine | |
| 90371 | 30 | | HBIg | HBIg | Hepatitis B Ig human | |
| 90375 | 34 | | RIg | RIg | Rabies Ig human | |
| 90376 | 34 | | RIg-HT | RIg-HT | Rabies Ig heat treated human | |
| 90379 | 71 | | RSV-IgIV | RSV-IgIV | Respiratory syncytial virus Ig IV | |
| | | | | RespiGam | | |
| 90384 | | | Rho(D)Full | Rho(D)Full | Rho(D) Ig RhIg human full-dose | |
| 90385 | | | Rho(D)Mini | Rho(D)Mini | Rho(D) Ig RhIg human mini-dose | |
| 90386 | | | Rho(D)IV | Rho(D)IV | Rho(D) Ig RhIg human IV | |
| 90389 | 13 | | TiG | BayTet | Tetanus Ig human | |
| | | | | TIg | | |
| 90393 | 79 | | Vaccinia immune globulin | Vaccinia VIG | Vaccinia Ig human | |
| 90396 | 36 | | VZIg | VZIg | Varicella-Zoster Ig human | |
| | 117 | | VariZIG | VZIG (IND) | | CNJ |
| | | | Varicella IG | | | |
| 90399 | | | Unlisted Immune Globulin | Ig | Unlisted immune globulin | |
| 90741 | 14 | | Ig, unspecified formulation | | Immune globulin, unspecified formulation | |
| 90378 | 93 | IG-RSV IM | RSV-IgIM | Synagis | Respiratory Syncytial Virus Ig | |
| 90655 | 140 | Influenza | Influenza, seasonal, injectable, p-free | AFLURIA Pres-Free | Influenza, injectable, trivalent, preservative free 6-35 months | CSL |
| | | | | Fluarix Pres-Free | | SKB |
| | | | | Fluvirin Pres-Free | | CHI |
| | | | | Fluzone Pres-Free | | PMC |
| 90656 | | | | AFLURIA Pres-Free | Influenza, injectable, trivalent, preservative free, 3+ years old | CSL |
| | | | | Fluarix Pres-Free | | SKB |

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| | | | | Fluvirin Pres-Free | | CHI |
| | | | | Fluzone Pres-Free | | PMC |
| 90657 | 141 | | Influenza, seasonal, injectable | AFLURIA | Influenza, injectable, trivalent, 6-35 months | CSL |
| | | | | Flu-Imune | | WAL |
| | | | | Flu-Shield | | WAL |
| | | | | FluLaval | | SKB |
| | | | | Fluogen | | PD |
| | | | | Fluvirin | | CHI |
| | | | | Fluzone | | PMC |
| | | | | FluLaval | | IDB |
| 90658 | | | | AFLURIA | Influenza, injectable, trivalent, 3+ years old | CSL |
| | | | | Flu-Imune | | WAL |
| | | | | Flu-Shield | | WAL |
| | | | | FluLaval | | SKB |
| | | | | Fluogen | | PD |
| | | | | Fluvirin | | CHI |
| | | | | Fluzone | | PMC |
| | | | | FluLaval | | IDB |
| 90685 | 161 | | Influenza (IIV4), p-free, infant | Fluzone Quad PF infant | Influenza, injectable, quadrivalent, p-free 0.25 mL for 6-35 months | PMC |
| 90686 | 150 | | Influenza (IIV4), p-free | Fluarix Quad PF | Influenza, injectable, quadrivalent, p-free 0.5 mL for 3 years and older | SKB |
| | | | | FluLaval Quad PF | | IDB |
| | | | | Fluzone Quad PF | | PMC |
| 90687 | 158 | | Influenza (IIV4) | FluLaval Quad | Influenza, injectable, quadrivalent, from multiple dose vial, 0.25 mL for 6-35 months | IDB |
| | | | | Fluzone Quad | | PMC |
| 90688 | | | | FluLaval Quad | Influenza, injectable, quadrivalent, from multiple dose vial, 0.5 mL for 3 years and older | IDB |
| | | | | Fluzone Quad | | PMC |
| | 151 | | Influenza, live, nasal | | Influenza, live, nasal, unspecified formulation | |
| 90660 | 111 | | Flu-Nasal | FluMist | Influenza, live, nasal, trivalent | MED |
| 90672 | 149 | | Influenza, live, nasal, quadrivalent | FluMist Quadrivalent | Influenza, live, nasal, quadrivalent | MED |
| 90654 | 144 | | Influenza, seasonal, intradermal, p-free | Fluzone Intradermal | Influenza, injectable, trivalent, intradermal, p-free | PMC |
| 90630 | 166 | | Influenza (IIV4) intradermal, p-free | Fluzone Quad Intradermal | Influenza, injectable, quadrivalent, intradermal, p-free | PMC |
| 90661 | 153 | | Influenza, injectable, MDCK, p-free | Flucelvax | Influenza, injectable, MDCK, p-free | NOV |
| 90673 | 155 | | Influenza, recombinant, inject, p-free | Flublok | Influenza, recombinant, inject, p-free | PSC |
| 90659 | 16 | | Influenza-Whole Virus | | Influenza whole virus | |
| 90724 | 88 | | Influenza, unspecified | Flu-Unspecified | Influenza, unspecified formulation | |
| 90665 | 66 | Lyme | Lyme | LYMErix | Lyme disease | SKB |
| 90735 | 39 | Encephalitis | Japanese Encephalitis SC | JE-Vax | Japanese Encephalitis, subcutaneous | JPN |
| 90738 | 134 | | Japanese Encephalitis IM | Ixiaro | Japanese Encephalitis intramuscular | INT |
| | 129 | | Japanese Encephalitis | | Japanese Encephalitis, unspecified formulation | |
| 90705 | 05 | Measles | Measles | Measles | Measles live 1964-1974 (Eli Lilly) | MSD |
| | | | | Attenuvax | Measles live | MSD |

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| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| 90708 | 04 | | Measles-Rubella | M-R-VAX | Measles and Rubella live | MSD |
| | | | | Measles-Rubella (MERU) | | MSD |
| 90704 | 07 | Mumps | Mumps | Mumps | Mumps 1950-1978 | MSD |
| | | | | Mumpsvax | Mumps live | MSD |
| 90709 | | | Rubella-Mumps | | Rubella and Mumps, Unspecified Formulation | |
| | 38 | | Rubella-Mumps | Biavax II | Rubella and Mumps live | MSD |
| | | | | Mumps-Rubella (MURU) | | MSD |
| 90707 | 03 | MMR | MMR | MMR II | Measles, Mumps and Rubella live | MSD |
| 90710 | 94 | | MMRV | Proquad | Measles, Mumps, Rubella, Varicella live | MSD |
| 90733 | 32 | Mening | Meningococcal–MPSV4 | MENOMUNE | Meningococcal polysaccharide (any groups) - subcutaneous use | PMC |
| 90734 | 114 | | Meningococcal-MCV4P | Menactra | Meningococcal [Groups A, C, Y and W-135] Polysaccharide Diphtheria Toxoid Conjugate Vaccine – intramuscular use (MCV4P) | PMC |
| | 136 | | Meningococcal-MCV4O | Menveo | Meningococcal [Groups A, C, Y and W-135] Oligosaccharide Diphtheria Toxoid Conjugate Vaccine – intramuscular use (MCV4O) | NOV |
| | 147 | | Meningococcal-MCV4 | | Meningococcal [Groups A, C, Y and W-135] Diphtheria Toxoid Conjugate Vaccine (MCV4) | |
| 90644 | 148 | | Meningococcal C/Y-HIB PRP | MenHibrix | Mening-Hib combination | GSK |
| | 103 | | Meningococcal C | Meningococcal C | Meningococcal C unspecified formulation (May be given outside U.S.) | |
| | 108 | | Meningococcal | | Meningococcal, unspecified formulation | |
| 90621 | 162 | MeningB | Meningococcal B, recombinant | Trumenba | Meningococcal B vaccine, fully recombinant | PFR |
| 90620 | 163 | | Meningococcal B, OMV | Bexsero | Meningococcal B vaccine, recombinant, OMV, adjuvanted | NOV |
| | 164 | | Meningococcal B | | meningococcal B, unspecified formulation | |
| 90712 | 02 | Polio | Polio-Oral | ORIMUNE | Poliovirus OPV live oral | WAL |
| 90713 | 10 | | Polio-Inject | IPOL | Poliovirus inactivated IPV | PMC |
| 90723 | 110 | | DTaP-HepB-IPV | Pediarix | DTAP-HepB-Polio combination | SKB |
| 90698 | 120 | | DTaP-IPV/Hib | Pentacel | DTaP-Hib-IPV combination | PMC |
| 90696 | 130 | | DTaP-IPV | Kinrix | DTaP-IPV | SKB |
| | | | | Quadracel | DTaP-IPV | PMC |
| | 132 | | DTaP-IPV-Hib-HepB, historical | | DTaP-IPV- Hib-HepB combination, historial formulation | |
| | 146 | | DTaP, IPV, Hib, HepB | | DTaP-IPV- Hib-HepB combination | |
| | 89 | | Polio | | Polio, unspecified formulation | |
| 90727 | 23 | Plague | Plague | Plague | Plague | GRE |

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| 90732 | 33 | Pneumo-Poly | Pneumococcal 23 | PNU-IMUNE 23 | Pneumococcal polysaccharide 23 valent | WAL |
| | | | | Pneumovax 23 | | MSD |
| 90669 | 100 | Pneumococcal | Pneumo-conjugate 7 | Prevnar 7 | Pneumococcal conjugate vaccine,7 valent | WAL |
| 90670 | 133 | | Pneumo-congugate 13 | Prevnar 13 | Pneumococcal conjugate vaccine, 13 valent | PFR |
| | 152 | | Pneumococcal conjugate | | Pneumococcal conjugate, unspecified formulation | |
| | 109 | | Pneumococcal | | Pneumococcal, unspecified formulation | |
| 90675 | 18 | Rabies | Rabies-intramuscular | RabAvert | Rabies intramuscular | CHI |
| | | | | Imovax Rabies IM | | PMC |
| 90676 | 40 | | Rabies-intradermal | Imovax Rabies ID | Rabies intradermal | PMC |
| 90726 | 90 | | Rabies | | Rabies, unspecified formulation | |
| 90680 | 74 | Rotavirus | Rotavirus, Tet | RotaShield | Rotavirus tetravalent live oral (removed on 10/16/1999) | WAL |
| | 116 | | Rotavirus, Pent | RotaTeq | Rotavirus pentavalent (after 02/02/2006) | MSD |
| 90681 | 119 | | Rotavirus, monovalent | Rotarix | Rotavirus monovalent | SKB |
| | 122 | | Rotavirus | | Rotavirus, unspecified formulation | |
| 90706 | 06 | Rubella | Rubella | Rubella | Rubella live | MSD |
| | | | | Meruvax II | | MSD |
| 90708 | 04 | | Measles-Rubella | Measles-Rubella (MERU) | Measles and Rubella live | MSD |
| | | | | M-R-VAX | | MSD |
| 90709 | | | Rubella-Mumps | | Rubella-Mumps, Unspecified Formulation | |
| | 38 | | Rubella-Mumps | Mumps-Rubella (MURU) | Rubella and mumps live | MSD |
| | | | | Biavax II | | MSD |
| | 75 | Smallpox | Smallpox | Dryvax | Vaccinia(Smallpox), dry | WAL |
| | 105 | | Vaccinia (Smallpox), diluted | Vaccinia, diluted | Vaccinia (smallpox), diluted | |
| 90718 | 09 | Td | Td (adult), adsorbed | Td | Tetanus and diphtheria adult, adsorbed | PMC MBL |
| | 138 | | Td (adult), not adsorbed | | Tetanus and diphtheria adult, not adsorbed | |
| 90714 | 113 | | Td (adult), p-free | DECAVAC | Td preservative free – CPT code is effective 7/1/2005 | PMC |
| | | | | TENIVAC | Td preservative free – CPT code is effective 7/1/2005 | PMC |
| 90715 | 115 | | Tdap | Adacel | Tdap | PMC |
| | | | | Boostrix | | SKB |
| | 139 | | Td (adult | | Td (adult), unspecified formulation | |
| 90703 | 35 | Tetanus | Tetanus toxoid, adsorbed | TT | Tetanus toxoid, adsorbed | PMC |
| | 142 | | Tetanus toxoid, not adsorbed | | Tetanus toxoid, not adsorbed | |
| | 112 | | Tetanus Toxoid | | Tetanus, unspecified formulation | |
| 90690 | 25 | Typhoid | Typhoid-oral | Vivotif Berna/Ty21a | Typhoid oral | |

| CPT | CVX | Group | Vaccine | Trade Name | Description | MFG |
|---|---|---|---|---|---|---|
| 90691 | 101 | | Typhoid-ViCPs | Typhim Vi | Typhoid - VI Capsular Polysaccharide | PMC |
| 90692 | 41 | | Typhoid-HP | Typhoid | Typhoid - Heat and Phenol inactivated | |
| 90693 | 53 | | Typhoid-AKD | Typhoid-AKD | Typhoid - Acetone-Killed, Dried (military) | |
| | 91 | | Typhoid | | Typhoid, unspecified formulation(after 7/1/2005, no CPT code is associated with this vaccine group) | |
| 90710 | 94 | Varicella | MMRV | Proquad | Measles, Mumps, Rubella, Varicella live | MSD |
| 90716 | 21 | | Varicella | Varivax | Varicella live | MSD |
| 90717 | 37 | Yellow Fever | Yellow Fever | YF-VAX | Yellow Fever live | PMC |
| 90736 | 121 | Zoster | Zoster (shingles), live | Zostavax | Zoster (shingles), live | MSD |

IRIS

## Appendix 3: False Names and Acceptable Suffix List

Specific names are ***rejected*** within data exchange processing *if* they are contained within the false names list. This includes first and last names, as well as street addresses. These constraints apply to patient specific information only. The false name constraints do not apply to either the Mother or Father's information. Since the patient's first and last names are required, empty fields are not permitted and a false name in one of those fields will cause the record to be rejected. In cases where the patient's first name is not available "NO FIRST NAME" may be input. For optional fields, (i.e. Street Address) the record is not rejected but a <null> value is stored instead of the false name. False Name values indicated with an asterisk (*) may be entered through the user-interface (Enter New/Edit Client Screen).

**FALSE FIRST NAMES**

| |
|---|
| *AF BABY |
| BABY |
| *BABY B |
| BABY BOY |
| *BABY G |
| BABY GIRL |
| *BABYB |
| BABYBOY |
| BABYGIRL |
| *BOY I |
| *BOY II |
| CHILD |
| *CSS |
| FEMALE |
| *FIRE DEPT |
| GIRL |
| *GIRL I |
| *GIRL II |
| *HBS |
| *HRH |
| *ILLEGIBLE SIGNATURE |
| INFANT |
| *INFANT BO |
| INFANT BOY |
| *INFANT FE |
| INFANT FEM |
| *INFANT G |
| *INFANT GI |
| *INFANT GIR |
| INFANT GIRL |
| *INFANT GRL |
| *INFANT M |
| *INFANT MA |
| *INFANT MAL |
| INFANTBOY |
| *INFANTGIR |

| |
|---|
| INFANTGIRL |
| *INFANTMAL |
| INFANTMALE |
| *LCFS |
| *LSS |
| *LSS BABY |
| *LWG |
| MR |
| MRS |
| MS |
| NEWBORN |
| *NFN |
| *NTXHW |
| *PVN |
| *SIGNATURE |
| *SLKDFSLKD |
| *SRM |
| *THWJ |
| *TOMORROW'S CHILDREN |
| *TSWJ |
| *TSWM |
| *TSWV |
| *TXWM |
| UFA |
| *UNK |
| *UNKN |
| *UNKNOEN |
| *UNKNOWN |
| *UNKOWN |
| *UNNAMED |
| UNREADABLE |
| *WLCFS |
| *XWM |
| XXX |

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**FALSE LAST NAMES**

| |
|---|
| *A BABY |
| *A F BABY |
| *AF |
| *AF BABY |
| *AF BABY BO |
| *AF BABY GI |
| *AFBABY |
| *B C S |
| *B S C |
| BABY |
| BABY BOY |
| BABY GIRL |
| BABYBOY |
| BABYGIRL |
| *BCS |
| *BCSW |
| *BRT |
| *BSC |
| *C A C |
| *C S |
| *C S S |
| *CAC |
| *CBS |
| *CCS |
| *CFCFS |
| *CS |
| *CSS |
| *CSS BABY |
| *CSSW |
| *D S S |
| *DCS |
| *DFS |
| *DSS |
| *E BABY |
| *F BABY |
| FEMALE |
| *FF |
| *FIRE DEPT |
| *FWV |
| *G BABY |
| *GARCIA INF |
| GIRL |
| *GSST |
| *H BABY BOY |
| INFANT |
| INFANT BOY |

| |
|---|
| INFANT FEM |
| INFANT GIRL |
| INFANTBOY |
| INFANTGIRL |
| INFANTMALE |
| *L S S |
| *LCFD |
| *LCFS |
| *LCSF |
| *LNAME |
| *LS |
| *LSDKFSLDK |
| *LSS |
| *LSSFC |
| *LT JR |
| *M BABY |
| *M BABY BOY |
| *NLN |
| *O BABY |
| *P BABY |
| *PCS |
| *R BABY |
| *S B A |
| *S BABY |
| *S C I |
| *SB |
| *SC |
| *SIGNATURE |
| *SMRT |
| *SRB |
| *SRFC |
| *SRP |
| *SS |
| *T A O |
| UFA |
| *UN |
| *UNK |
| *UNKN |
| *UNKNOEN |
| *UNKNOWN |
| *UNKOWN |
| *UNNAMED |
| UNREADABLE |
| *V BABY |
| *VLK |
| *WLCFS |

| |
|---|
| *ZBABY |

**FALSE ADDRESSES**

**Note:** (Identical match (case insensitive) required for field to violate constraint, i.e. “1234 Address” would not be violation; “Address” would be violation.)

| |
|---|
| ADDRESS |
| COMMENT |
| DECEASED |
| DO NOT USE |
| FAMILY PLANNING |
| FAMILY PLANNING SERVICES |
| GENERAL DELIVERY |
| MAIL RETURNED |
| MOVED |
| NO CURRENT |
| PLANN PARENTHOO |
| PLANNED PARENTHOOD |
| UNKNOWN |
| UPDATE |

**ADDRESS REMOVE PERSON**

**Note:** An identical match results in entire Responsible Person record, including Address, being ignored and not loaded.

| |
|---|
| FAMILY PLANNING |
| FAMILY PLANNING SERVICES |
| PLANN PARENTHOO |
| PLANNED PARENTHOOD |

**VALID NAME SUFFIXES**

| | |
|---|---|
| I or 1ST | DR |
| II or 2ST | DVM |
| III or 3RD | FR |
| IV or 4TH | JR |
| V or 5TH | MD |
| VI or 6TH | MS |
| VII or 7TH | PHD |
| VIII or 8TH | PVT |
| IX or 9TH | REV |
| X or 10T or 10TH | RN |
| DDS | SR |
| DO | |

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