

ImmTrac **Texas Immunization Registry**

ImmTrac User Instruction Manual

**Texas Department of State Health Services
Immunization Branch – ImmTrac Group**

Table of Contents

System Requirements	2
Accessing ImmTrac	3
Changing Your ImmTrac Password	6
Quick Searching for Registry Clients	7
Basic Searching for Registry Clients	9
Smart Searching for Registry Clients	11
Affirming Consent for ImmTrac Participation	12
Request Client Add Process for Adding Clients	21
Editing Data on a Registry Client	23
Adding Immunizations on a Registry Client	26
Printing an ImmTrac Immunization Record	29
Viewing and Editing Your Site Information	30
Locating Other Providers	31
ImmTrac Customized Reports Overview	32
Creating New Customized Reports	34
Accessing Stored Customized Report Requests	36
Retrieving and Printing Customized Reports after Submission	37
Electronically Reporting to ImmTrac	38
Client Consent Status Files	40
Logging Out of ImmTrac	42

Version 3.1

Revised 6/10/2011

© Texas Department of State Health Services
Immunization Branch
ImmTrac Group – MC 1946
P.O. Box 149347
Austin, Texas 78714-9347
Phone (800) 348-9158
www.ImmTrac.com

System Requirements

Internet Access (HTTPS)

- Microsoft Windows XP/Vista recommended; also Win95/98/ME/NT/2000 supported
- Internet Access (broadband recommended)
- Internet Explorer 7.0 or greater (most recent version recommended)
- Internet Explorer Security Settings set to default
- Internet Explorer Cookie Settings set to accept and retain cookie files
- Internet Explorer text set to "medium" or "small"
- Adobe Reader 7.0 or higher (most recent version recommended)
- E-Mail Address for site/access location Point of Contact (highly recommended)

** Mozilla Firefox, Chrome, Netscape, Safari and all other browsers are not supported.

Computer

- Monitor set at 800x600 resolution or greater
- CPU clock set to correct date/time
- Display Properties (DPI) set to "normal" (recommended)

Electronic Data Import Methods

Option 1: Web Import - HTTPS Internet Explorer 7.0 or greater

Option 2: FTP Import - FTP-AUTHSSL with 128-bit encryption

** Macintosh, Linux/Unix and all other open-source software are not supported.

NOTE: To view and print a **PDF** immunization record, report or form, you must have Adobe Acrobat Reader 4.05 or later installed. If you do not have Adobe Acrobat installed, you may download it free from www.adobe.com.

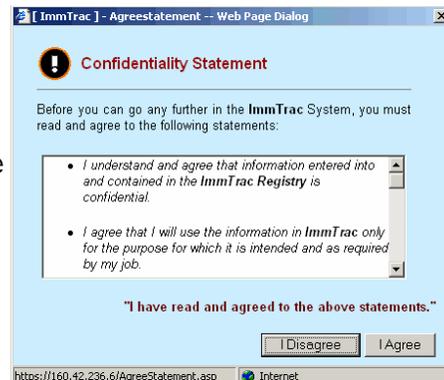
The Adobe Acrobat Reader software allows the user to e-mail documents from the application. However, HIPAA security standards prohibit the electronic transmission (e.g. e-mail) of individually identifiable health information without appropriate encryption or password security measures.

Accessing ImmTrac

1. Using Internet Explorer, access the ImmTrac application by typing or pasting the web address in the web browser's address bar:
<http://www.ImmTrac.tdh.state.tx.us>. Bookmark the home page by clicking the "To bookmark our site, please [click here](#)" link located near the bottom of the page.
2. Click the blue **Logon** icon on the left hand side of the screen beneath the red menu bar.



3. The "Confidentiality Statement" pop-up box appears. Click the **I Agree** button to acknowledge you have read and agree to the confidentiality statement. The browser will take you to the ImmTrac Logon page.



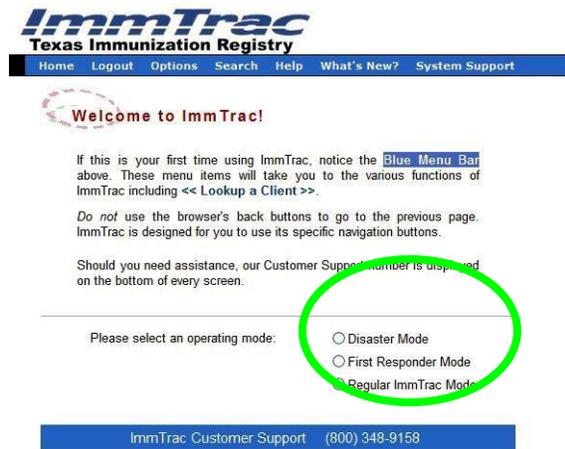
4. Enter your assigned user identification (ID), followed by your cAsE sEnSiTiVe password.



IMPORTANT NOTE: If this is your first time to logon to ImmTrac, you will be prompted to change your password from the temporary one provided when your account was created. You will use the temporary password the first time to logon and then create your own password. The first time you use Web ImmTrac on a particular computer you may also be prompted to enter an activation code after you click on the [I Agree] button. This code is displayed on your computer screen along with the instructions for using this activation code.

5. Click the blue **Logon** icon to continue logging into ImmTrac.
6. A broadcast message may display information on system updates or scheduled maintenance. Click the **OK** button to clear the message.

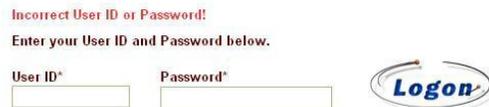
7. When the Welcome to ImmTrac page appears, the system defaults to **Regular** ImmTrac operating mode. **Disaster** mode is used in declared disasters. **First Responder** mode is a specialty mode used to add first responders and their adult family members to the Registry.



User-Initiated Login Unlock

ImmTrac users who enter an incorrect password three times will be able to use the User Initiated Login Unlock functionality to gain additional password attempts.

1. If the user ID **or** password is incorrectly entered, the page displays the message "Incorrect User ID or Password!"



2. After three unsuccessful login attempts, the page displays the message “Invalid login” and an additional “Unlock Code” field is displayed.

Invalid login

You have been unsuccessful in logging in to ImmTrac!

- Please be sure you are using the most recent password for the account.
- Passwords are cAsE sEnSiTiVe.
- When entering the Unlock Code do not place spaces before or after letters.

3. After reading the displayed instructions, enter the unlock code displayed on the right in the “Unlock Code” field. Enter your user ID and password and click the blue Logon icon.

This is your activation code. Please enter the characters as they appear in this box. The activation code is not case sensitive and does not contain spaces. If you cannot read this code, press F5 to generate a new code.

Unlock Code

KDHGRZNG

Enter your User ID and Password below.

User ID Password



4. If you are still unsuccessful in entering the correct user ID and password, the page displays the new message “You have been locked out because of too many invalid logon attempts.”
5. Your account is now locked and you will not be able to logon to ImmTrac. To regain access to your account, contact Customer Support at (800) 348-9158.
IMPORTANT NOTE: Customer Support does not have access to users' passwords. If you have lost your password, the only way to regain access to your ImmTrac account is with a temporary password. Have your User ID/Logon ID ready when you contact ImmTrac Customer Service.

Users should:

Use the most recent password for the account

Remember that passwords are cAsE sEnSiTiVe

Store recent passwords in a secure location with the date clearly indicated

Never use spaces before or after letters when entering the unlock code in the User-Initiated Login Unlock feature

***A Special Note:**

Have your user ID / Logon ID ready when you contact customer service.

Quick Searching for Registry Clients

The Quick Search allows you to retrieve a client's ImmTrac record using a client's ImmTrac ID number **or** the Social Security number (SSN) **and** date of birth (DOB), **or** the Medicaid number. **If the client does not have an SSN or Medicaid number on file with ImmTrac, the client's record will not be found using those Quick Search criteria even though that person could be in the Registry.**

NOTE: The **Clear Quick Search Criteria** button will remove all information that you have entered into the "Quick Search Criteria" box, while the **New Search** button will clear all search fields on the Client Search page.

1. On the Welcome to ImmTrac page, select the **"Lookup a Client"** link near the middle of the screen.
2. You may also use the search option from the blue ImmTrac menu bar. Select "Search" and from the drop list, select "Client Search."



3. To perform a Quick Search, enter either the client's ImmTrac ID number, Social Security number (SSN) **and** date of birth, or the client's Medicaid number.

Quick Search Criteria	
ImmTrac ID	<input type="text"/>
SSN	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Medicaid Number	<input type="text"/>

4. After entering the search criteria, click the **Perform Quick Search** button located beneath the "Quick Search Criteria" block to begin the search.
5. After you click the **Perform Quick Search** button, your search results display on the Client List page. If no clients were found, click the "Modify Search Criteria" link to return to the Client Search page and try a broader search for the client.

- If a match was found, the client's information appears on the Client List page. If the correct client is listed, click on the client's ID number located under the "Choose Client" column.

Client List

Only 1 client matched your **Quick Search** criteria.
 Select the client to view or edit by clicking on the ImmTrac ID in the "Choose Client" column. *Hint: If this is not the client you want, try a broader Basic Search or a Smart Search.*

[Modify Search Criteria]

Choose Client	Client Type	Client's Last Name	Client's First Name	Client's Middle Name	Suffix	Sex	Birth Date	Mother's First Name	Mother's Maiden Name	Address	City	County
320113619	IC	TRAIN	DOROTHY	ANN		F	12/16/2007			456 DAWSON DRIVE	ARANSAS PASS	San Patricio

End of Results

[Modify Search Criteria]

- The Client Detail page appears with the client's full record. From here you can view, add, or edit immunizations and client information. Navigate the client's record using the links on the left side of the page next to the small orange buttons.

ImmTrac Client Detail

Name TRAIN, DOROTHY ANN
DOB 12/16/2007 **Age** 8 months
Sex F **Race**
ImmTrac ID 320113619 **OM Status** N
Client Type ImmTrac Child (IC)
Disaster Consent Granted? N

Client List · Modify Search Criteria · Edit Above Info · Help

- Logout
- Home
- Client Info
 - Preparedness
 - Address
 - Guardian
 - Comments
 - Confidential
 - Immunizations
 - Imm Schedule

Preparedness Information
 Edit **Responder Status** Not associated

Address
Address 456 DAWSON DRIVE
City ARANSAS PASS
State TX
Zip 78336
County San Patricio
Country US
Phone
OK to Contact? Y
Num of Recall Attempts 0

Edit Address Information

Guardian
Name
Relationship

Edit Guardian Information

Basic Searching for Registry Clients

The Basic Search allows you to conduct a broader search for a record using the client's last name, first name, date of birth, and sex or unspecified sex for both sexes.

1. Clicking the **Basic Search** button at the top of the page will advance your cursor to the first field of the "Basic Search Criteria" block.



The screenshot shows a web form titled "Basic Search Criteria". It contains the following fields and options:

- Last Name: [Text Input Field]
- First Name: [Text Input Field]
- Date of Birth: [Month] / [Day] / [Year] (Three separate input fields)
- Sex: Male Female Unspecified
- First Responders / Adult Family Members: Include Exclude
- Disaster-Related Clients: Include Exclude

At the bottom of the form are three buttons: "Perform Basic Search", "Clear Basic Search Criteria", and "New Search".

2. To perform a Basic Search, enter the client's last name, first name, and date of birth in the "Basic Search Criteria" fields. Name fields are not case sensitive and the date of birth format should be mm/dd/yyyy. Then indicate if the child is male, female, or unspecified.

NOTE: Only if you are a health-care provider and wish to include first responders, their immediate family members (over 18 years old), and disaster-related clients in your Basic Search, change "First Responders/Adult Family Members" and "Disaster-Related Clients" from "Exclude" to "Include." Other users will not see this option when conducting a Basic Search.

3. After entering the search criteria, click the **Perform Basic Search** button.
4. Your search results display on the Client List page. If no clients were found, click the "Modify Search Criteria" link to return to the Client Search page and try a Smart Search.
5. If any matches are found, the Client List page will only display the first 30 matches. If your client is not listed in the first 30 matches, try searching again with more restrictive data. You may also narrow the search results by selecting the "Filter by Your Site's County" link located above the client list.
6. If a match was found, the client's information appears on the Client List page. Click on the client's ID number located under the "Choose Client" column.
7. The Client Detail page appears with the client's full record. From here you may view, add, or update immunizations and/or client information.

Wild Carding

Wild carding is valuable for locating different spellings of names. This feature allows users to use the asterisk (*) or the question mark (?) characters as a placeholder for unknown letters in a name or date of birth when conducting a Basic Search.

Last Name	MAR*		
First Name	GON?ALE?		
Date of Birth	01	/	01 / 2008

When the asterisk (*) is used as the wild card character, the search returns all records that match everything coming after the wild card character. You must enter at least three letters of the first and last names before inserting a wild card character.

Example: If “Mar*” is entered as the first name, this search would match clients with first names such as Mark, Marque, Martin, or Markelle.

When the question mark (?) is used as the wild card character, the search uses the question mark (?) as a placeholder for one character.

Examples: If “Gon?ale?” is entered as the last name, this search would match clients with this last name spelled with different letters such as Gonzales, Gonsalez, Gonzalez, and Gonsales. Another example would be to use “?athy” in the given name field. This would return both Cathy and Kathy.

NOTE: Private providers are required to supply the entire birth date while public providers may wild card any part or all of the birth date.

County Filter

If there are more than 30 clients who matched your Basic Search criteria, then the “Filter by Your Site’s County” link can show those clients whose residential county is the same as the county assigned to your PFS (Provider/Facility/Site) number.

 **Client List**

More than 30 clients matched your **Basic Search** criteria.
Only 30 are displayed.

Select one of the clients to view or edit by clicking on the ImmTrac ID in the ‘Choose Client’ column. *Hint: Try a narrower search or a Smart Search. Please refer to the Client Lookup section in the User’s Manual.*

[[Modify Search Criteria](#)] [[Filter by Your Site’s County](#)]

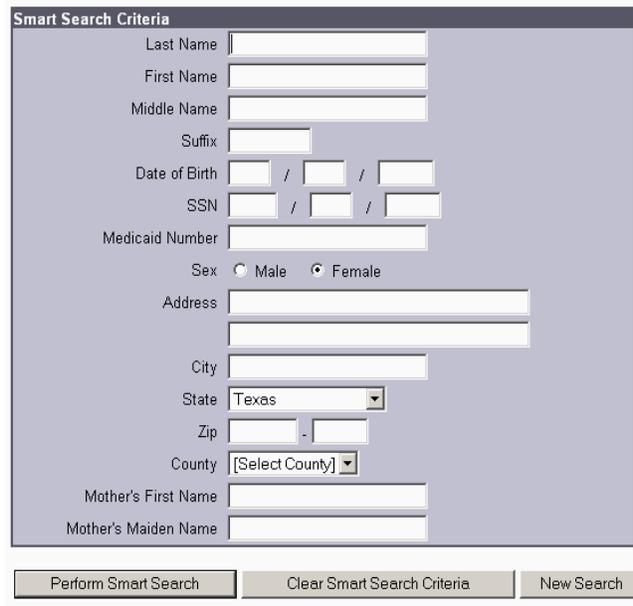
Choose Client	Client Type	Client’s Last Name	Client’s First Name	Client’s Middle Name	Suffix	Sex	Birth Date	Mother’s First Name	Mother’s Maiden Name	Address	City	County
320113627	IC	SMITH	SALMA			F	05/03/2001			34 COOPER ST	ARLINGTON	Tarrant
320113639	FR	SMIRE	SALLY			F	02/05/1975			8934 DESSAU ROAD	ARLINGTON	Tarrant
320113633	IC	SMITE	SALLEE			F	12/05/2007			9876 KOENIG LANE	ARLINGTON	Tarrant
320113622	FR	SMITH	SALINA			F	06/27/1974			1107 N THORNBUSH CIR	AUSTIN	Travis
320113613	FR	SMITH	SALLY			F	06/21/1983			123 LAMAR ST	AUSTIN	Travis
320113620	IC	SMITHERS	SALMA			F	01/08/2006			123 MAIN ST	AUSTIN	Tyler
320113625	FM	SMITHS	SALLEE			F	02/05/1984			1602 BAURELE AVE	AUSTIN	Travis
320113623	IC	SMITHERS	SALLIE			F	12/26/2007			2504 JEWELL DR	AUSTIN	Travis

To toggle back to view the entire Basic Search results list, click the “Remove County Filter” link located above and below the client list and the original client list reappears.

Smart Searching for Registry Clients

If Quick and Basic searches do not find the client in ImmTrac, you can perform a more specific search by using the Smart Search feature. Smart Search is also the first step to adding someone to the Registry.

Smart Search: Enter the information in the block below. Click on 'Perform Smart Search' button.
Note: Smart Search uses a more sophisticated matching process. If the client is not found after performing a Smart Search, a consent form can be printed.



The image shows a web form titled "Smart Search Criteria" with the following fields and controls:

- Last Name: text input
- First Name: text input
- Middle Name: text input
- Suffix: text input
- Date of Birth: three text inputs separated by slashes (/)
- SSN: three text inputs separated by slashes (/)
- Medicaid Number: text input
- Sex: radio buttons for Male and Female (Female is selected)
- Address: two stacked text inputs
- City: text input
- State: dropdown menu (Texas is selected)
- Zip: two text inputs separated by a dash (-)
- County: dropdown menu ([Select County])
- Mother's First Name: text input
- Mother's Maiden Name: text input

At the bottom of the form are three buttons: "Perform Smart Search", "Clear Smart Search Criteria", and "New Search".

1. Clicking the **Smart Search** button at the top of the page will advance your cursor to the first field of the "Smart Search Criteria" block.
2. To perform a Smart Search, enter the information you know: the client's last name, first name, middle name, date of birth, Social Security number, Medicaid number, sex, address, city, state, zip code, county, mother's first name, and mother's maiden name. If you have already conducted a Basic Search, any information you entered is automatically populated into the "Smart Search Criteria" fields.
3. Click the **Perform Smart Search** button located beneath the "Smart Search Criteria" block to begin the search.
4. If any matches are found, the Client List displays any clients who closely match your Smart Search criteria. If your client is listed, click on the client's ID number located under the "Choose Client" column.
5. The Client Detail page appears with the client's full record. From here you may view, add, or update immunizations and/or client information.

Affirming Consent for ImmTrac Participation

If a client is not found using the Smart Search, written consent has not been granted for the client to participate in ImmTrac. Health-care providers and other providers authorized to administer vaccines may “affirm” consent for ImmTrac participation for children (under 18 years of age), adults (age 18 and older), and first responders and their immediate family members (age 18 and older). Providers may also affirm consent for the retention of disaster-related information beyond the minimum retention period of five years.

Adding a new client will prompt the question, “Do you have one of the following signed consent forms for your client?”

No Signed Consent Form

1. If you do not have a signed consent form for a client that has not been added to ImmTrac, select “**NO**” next to “Request a Consent Form” to display the pre-filled ImmTrac-generated consent form(s). Selecting this option will allow you to display the pre-filled ImmTrac-generated consent form(s) in PDF format. The form(s) will print with the client's name, date of birth, gender, and address pre-filled in the appropriate fields.

- a. Click the **Submit** button and the Consent Forms page appears.

If your client does not appear on your search result Client List, ADD the client by responding to the consent-related question below.

Do you have a signed consent form for your client?*

YES Add a Client
NO Request a Consent Form

* If you have also obtained consent to retain disaster-related information beyond the minimum retention period, you will have the opportunity to affirm this consent at the same time you affirm consent for ImmTrac participation.

DISASTER-RELATED INFORMATION

During a disaster or emergency event, all residents in the affected area who receive disaster-related vaccinations, antivirals, and/or medications will participate in ImmTrac regardless of age or consent status. If you are **ONLY** adding a disaster-related client, ADD the client by selecting one of the options below:

ADD CLIENT WITH Signed Disaster-Related Consent
 WITHOUT Signed Disaster-Related Consent

Consent Forms

Select the consent form option(s) you would like to request, then select the 'Display Form' button to access and print the consent form(s) you have requested.

ENGLISH SPANISH
 IG-7 Consent Form
 Adult Consent Form
 First Responder Request for Participation Form

ImmTrac Clients may also consent to have their 'disaster' information retained beyond the mandatory 5 year retention period by signing a Disaster Information Retention Consent form.

ENGLISH SPANISH
 Retain Disaster-Related Information
Beyond the Minimum Retention Period Consent Form

- b. Select the consent form(s) you would like to print by checking the box next to the appropriate form(s). You may request a Spanish version of the consent form(s) by changing “English” to “Spanish.”
- c. Select the **Display Form** button to display the selected PDF consent form(s). **Important Note:** Most of the form may be below the line so be sure to scroll down if necessary to completely display it.

Consent Forms

Select the consent form option(s) you would like to request, then select the 'Display Form' button to access and print the consent form(s) you have requested.

ENGLISH SPANISH

- IG-7 Consent Form
- Adult Consent Form
- First Responder Request for Participation Form

ImmTrac Clients may also consent to have their 'disaster' information retained beyond the mandatory 5 year retention period by signing a Disaster Information Retention Consent form.

ENGLISH SPANISH

- Retain Disaster-Related Information Beyond the Minimum Retention Period Consent Form

- d. To print the consent form(s), click the printer icon then click the **OK** button on the printer confirmation box.

- e. Offer the form(s) to the parent or client (age 18 and over) for signature and select the **Continue** button **after** the consent form(s) is signed.

- [Logout](#)
- [Home](#)

If this client is less than 18 years of age, you must have written consent from a parent, guardian, or managing conservator to include this client's information in ImmTrac. If the client is a First Responder or a First Responder Family Member over 18 years of age, you must have a written request for participation form from the client.

✖ = Required Information

Preparedness Information

First Responder

Adult Family Member

Minor Family Member

Client Information

✔ Last Name DEMO

✔ First Name SUSAN

Middle Name

Suffix

✔ Date of Birth 06 / 21 / 2006 (MM/DD/YYYY)

✔ Sex Male Female

Race [Select Race]

Client Address Information

✔ Address 123 MAIN STREET

City ANYTOWN

✔ State Texas

✔ Zip 78787

- f. Add or edit any information here. Under “Preparedness Information” indicate if the client is a “First Responder,” “Adult Family Member” or “Minor Family Member” by checking the appropriate box. All fields marked with one checkmark in the field name must be entered.

Logout
Home

Last Name
 First Name
 Middle Name
 Suffix
 Relationship [Select Relationship] ▾

Mother's Information

Last Name
 First Name MARY
 Middle Name
 Maiden Name SAMPLE
 Date of Birth / / (MM/DD/YYYY)

Father's Information

Last Name
 First Name
 Middle Name

Confidential Client Information

SSN - -
 Medicaid Number

Continue Cancel Help

- g. Select the **Continue** button to move to the Client Summary page.

- h. Review the information for accuracy. Select the **Edit** button to make changes or add additional information. If all the information is correct, select the **Continue** button.

Logout
Home

Client Summary

Please review the following information for accuracy. If anything is incorrect use the “Edit” button at the bottom of the screen to make necessary changes. Otherwise, if all information is correct, select the “Continue” button at the bottom to proceed with addition of this client's information.

Preparedness Information

Responder Status Not associated

Client Information

Last Name DEMO
 First Name SUSAN
 Middle Name
 Suffix
 Date of Birth 06/21/2006
 Sex F
 Race

Client Address Information

Address 123 MAIN STREET
 City ANYTOWN
 State TX
 Zip 78787
 County Travis
 Country UNITED STATES
 Phone
 OK to Contact? Y

Guardian Information

- i. The Consent Affirmation page appears. If you are adding a child to ImmTrac, “ImmTrac Child (under age 18)” is pre-selected under the “Affirm Consent For” option. If you are adding an adult, **select** “ImmTrac Adult (age 18 and over)”. If you are adding a first responder or first responder family member over 18 years of age, **select** “First Responder (age 18 and older)” or an “Adult Family Member of First Responder (age 18 and older).”

Consent Verification

You must have written consent to include this client's information in ImmTrac.

Verify Consent For:

ImmTrac Child (under age 18)
 Minor Family Member of a First Responder
 ImmTrac Adult (age 18 and older)
 First Responder (age 18 and older)
 Adult Family Member of a First Responder (age 18 and older)

Click the box below if you have obtained consent for retention of disaster-related information beyond the minimum retention period:

Consent to retain disaster information

OR

Verify Inclusion of Disaster-Related Client:

Add disaster-related client **with** consent to retain disaster information beyond the minimum retention period
 Add disaster-related client **without** consent to retain disaster information beyond the minimum retention period

Associate Client With A Disaster:

[Select a Disaster] ▼

ImmTrac Customer Support (800) 348-9158

Texas Department of State Health Services
Copyright © 2000 – 2011

NOTE: Check the box “Consent to retain disaster information” if consent has been obtained to retain disaster-related information beyond the minimum retention period of five years.

- j. Selecting the **Affirm** button displays the new client's information, including the ImmTrac ID number, and the user site's information.

Consent Affirmation Confirmation

A record for the following client has been successfully **added**:

Immtrac Record ID: 320120095
Name: TEST, TEST
DOB: 01/01/1952

The following Immtrac user has **affirmed** “ImmTrac Adult” consent for ImmTrac participation on 1/4/2011 12:52:18 PM:

Site Name: Centro De Salud
Site Address: 700 SOUTH OCHOA STRE EL PASO 79901
Site Phone:
User ID: KWOLF2
PFS Number: 1100540013

Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.

ImmTrac Customer Support (800) 348-9158

Texas Department of State Health Services
Copyright © 2000 – 2011

- k. Click the **OK** button. This takes you to the new client's Client Detail page where immunization information may be added.
- l. Report any immunizations you have administered to ImmTrac by adding the immunizations to the client's record. If you have records of historical immunizations, add these to the record as well.
- m. Retain the signed consent form in the client's medical record. **DO NOT** fax completed consent forms to ImmTrac.
- n.

Previously Signed Consent Form

- 2. If you already have a signed consent form, select the radio button **"YES, Add a Client."**
 - a. Scroll down and click the **Submit** button.



If this client is less than 18 years of age, you must have written consent from a parent, guardian, or managing conservator to include this client's information in ImmTrac. If the client is a First Responder or a First Responder Family Member over 18 years of age, you must have a written request for participation form from the client.

* = Required Information

- b. The **Add a Client** page appears. Any information entered to conduct the Smart Search is pre-filled in the appropriate fields.

Preparedness Information	
<input type="checkbox"/>	First Responder
<input type="checkbox"/>	Adult Family Member
<input type="checkbox"/>	Minor Family Member
Client Information	
* Last Name	DEMO
* First Name	SUSAN
Middle Name	
Suffix	
* Date of Birth	06 / 21 / 2006 (MM/DD/YYYY)
* Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female
Race	[Select Race]
Client Address Information	
* Address	123 MAIN STREET
* City	ANYTOWN
* State	Texas
* Zip	78787

- c. Add or edit any information here.

[Logout](#)
[Home](#)

Client Summary

Please review the following information for accuracy. If anything is incorrect use the "Edit" button at the bottom of the screen to make necessary changes. Otherwise, if all information is correct, select the "Continue" button at the bottom to proceed with addition of this client's information.

d. Select the **Continue** button to move to the Client Summary page.

e. Review the information for accuracy.

Preparedness Information	
Responder Status	Not associated
Client Information	
Last Name	DEMO
First Name	SUSAN
Middle Name	
Suffix	
Date of Birth	06/21/2006
Sex	F
Race	
Client Address Information	
Address	123 MAIN STREET
City	ANYTOWN
State	TX
Zip	78787
County	Travis
Country	UNITED STATES
Phone	
OK to Contact?	Y
Guardian Information	

f. Once the Consent Affirmation page appears, select the **Affirm** button to affirm consent for ImmTrac participation and to add the client to the Registry.

NOTE: Check the box "Consent to retain disaster information" if consent has been obtained to retain disaster-related information beyond the minimum retention period of five years.

Consent Affirmation

You must have written consent to include this client's information in ImmTrac.

Affirm Consent For:

- ImmTrac Child (under age 18)
 - Minor Family Member of a First Responder
- ImmTrac Adult (age 18 and older)
- First Responder (age 18 and older)
- Adult Family Member of a First Responder (age 18 and older)

Click the box below if you have obtained consent for retention of disaster-related information beyond the minimum retention period:

- Consent to retain disaster information

OR

Affirm Inclusion of Disaster-Related Client:

- Add disaster-related client **with** consent to retain disaster information beyond the minimum retention period
- Add disaster-related client **without** consent to retain disaster information beyond the minimum retention period

Associate Client With A Disaster:

[Select a Disaster] ▾

[Logout](#)
[Home](#)

Consent Affirmation Confirmation

A record for the following client has been successfully added:

Immtrac record ID: 320113662
Name: DEMO, SUSAN
DOB: 06/21/2006

The following Immtrac user has **affirmed** "ImmTrac Child" consent for ImmTrac participation on 8/21/2008 11:09:37 AM.

Site Name: Austin-Travis Cnty Clinic
Site Address: 15 Waller St. Austin 78702
Site Phone: (512) 444-5555
User ID: LLEBRUN
PFS Number: 1100190007

Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.

g. The Consent Affirmation Confirmation page appears. This page displays the new client's information, including the ImmTrac ID number, and the user site's information.

- h. Click the **OK** button. This takes you to the Client Detail page where immunization information may be added.
- i. Report any immunizations you have administered to ImmTrac by simply adding the immunizations to the client's record. If you have records of historical immunizations, add these to the record as well.
- j. Retain the signed consent form in the client's medical record. **DO NOT** fax completed consent forms to ImmTrac.

Retention of Disaster-Related Information

If consent to retain disaster-related information beyond the minimum retention period of five years has not been granted, a box will display at the top of the Client Detail page. This message "You may „Affirm" OR „Print and Affirm" the required consent to retain disaster-related information for this client beyond the five (5) year retention period by clicking one of the two buttons below."

The screenshot shows the ImmTrac Client Detail page for a client named SMITH, SALMA. The page includes a navigation menu on the left with options like Logout, Home, Client Info, Preparedness, Address, Guardian, Comments, Confidential, Immunizations, and Imm Schedule. The main content area displays client information such as Name, DOB, Sex, Age, Race, ImmTrac ID, Client Type, and OM Status. A message box prompts the user to affirm or print and affirm consent to retain disaster-related information beyond the five-year retention period. Two buttons are provided: "Affirm Disaster Consent" and "Print & Affirm Disaster Consent". Below this, there is a section for "Preparedness Information" with an "Edit" link and "Responder Status" set to "Not associated". Another section for "Address" lists details like 34 COOPER ST, ARLINGTON, TX, 78714, Tarrant County, US, and includes fields for "Phone", "OK to Contact?" (Y), and "Num of Recall Attempts" (0). An "Edit Address Information" link is at the bottom.

1. If you already have a signed Immunization Registry (ImmTrac) Disaster Information Retention Consent Form (ImmTrac DC), select the **Affirm Disaster Consent** button.

- a. On the Consent Affirmation page, check the box “Consent to retain disaster information.”

Affirm Consent For:

- ImmTrac Child (under age 18)
- Minor Family Member of a First Responder
- ImmTrac Adult (age 18 and older)
- First Responder (age 18 and older)
- Adult Family Member of a First Responder (age 18 and older)

Click the box below if you have obtained consent for retention of disaster-related information beyond the minimum retention period:

Consent to retain disaster information

OR

Affirm Inclusion of Disaster-Related Client:

- Add disaster-related client **with** consent to retain disaster information beyond the minimum retention period
- Add disaster-related client **without** consent to retain disaster information beyond the minimum retention period

Associate Client With A Disaster:

[Select a Disaster] ▼

- b. Select the **Affirm** button to affirm consent for retention of disaster-related information beyond the minimum retention period of 5 years.
- c. The Consent Affirmation Confirmation page appears. This page displays that the client's information was updated and the user site's information.

Consent Affirmation Confirmation

The following client's record has been successfully **updated** by the ImmTrac user noted below:

Immtrac ID Number: 320113627
Name: SMITH, SALMA
DOB: 05/03/2001

The following Immtrac user has **affirmed** "Disaster" consent for ImmTrac participation on 8/21/2008 11:13:28 AM:

Site Name: Austin-Travis Cnty Clinic
Site Address: 15 Waller St. Austin 78702
Site Phone: (512) 444-5555
User ID: LLEBRUN
PFS Number: 1100190007

Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.

- d. Click the **OK** button. This takes you to the client's Client Detail page where the immunization record can be updated.

- e. Retain the signed consent form in the client's medical record. **DO NOT** fax completed consent forms to ImmTrac.

2. If you **do not** already have a signed Immunization Registry (ImmTrac) Disaster Information Retention Consent Form (ImmTrac DC), select the **Print & Affirm Disaster Consent** button.

- a. The Consent Forms page appears. Check the box next to “Retain Disaster-Related Information Beyond the Minimum Retention Period Consent Form.” You may request a Spanish version of the consent form by changing “English” to “Spanish.”

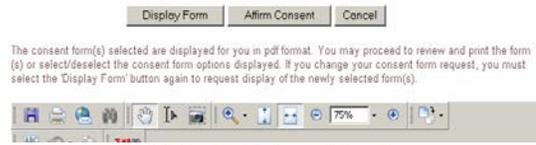


Select the consent form option(s) you would like to request, then select the 'Display Form' button to access and print the consent form(s) you have requested.

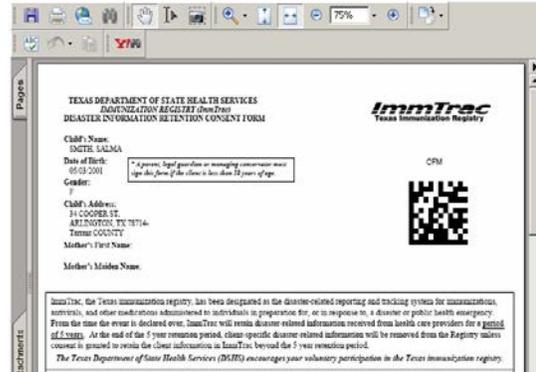
ENGLISH SPANISH

- IG-7 Consent Form
- First Responder Request for Participation Form
- Retain Disaster-Related Information Beyond the Minimum Retention Period Consent Form

- b. Select the **Display Form** button to display the selected PDF consent form.
- c. To print the form, click the printer icon and the **OK** button on the printer confirmation box.



The consent form(s) selected are displayed for you in pdf format. You may proceed to review and print the form (s) or select/deselect the consent form options displayed. If you change your consent form request, you must select the 'Display Form' button again to request display of the newly selected form(s).



- d. Offer the printed consent form to the adult client or child's parent for their signature.
- e. Select the **Affirm Consent** button after the consent form is signed.

- f. On the Consent Affirmation page, check the box "Consent to retain disaster information" and click the **Affirm** button to affirm consent for retention of disaster-related information beyond the minimum retention period.

Consent Affirmation

You must have written consent from a parent, guardian, or managing conservator to include this client's information in ImmTrac.

Affirm Consent For:

- ImmTrac Child (under age 18)
- First Responder (age 18 and older)
- Adult Family Member of First Responder (age 18 and older)

Click the box below if you have obtained consent for retention of disaster-related information beyond the minimum retention period.

- Consent to retain disaster information



- g. On the Consent Affirmation Confirmation page, click the **OK** button. This takes you to the client's Client Detail page where immunization information may be added.

Consent Affirmation Confirmation

The following client's record has been successfully **updated** by the ImmTrac user noted below:

Immtrac ID Number: 320113627
Name: SMITH, SALMA
DOB: 05/03/2001

The following Immtrac user has **affirmed** "Disaster" consent for ImmTrac participation on 8/21/2008 11:13:28 AM:

Site Name: Austin-Travis Cnty Clinic
Site Address: 15 Waller St, Austin 78702
Site Phone: (512) 444-5555
User ID: LLEBRUN
PFS Number: 1100190007

Provider site should retain the signed consent form(s) in the client's medical record. Please **DO NOT** fax consent form(s) to ImmTrac.



- h. Retain the signed consent form in the client's medical record. **DO NOT** fax completed consent forms to ImmTrac.

Request Client Add Process for Adding Clients

Only authorized health care providers may “affirm” consent for ImmTrac and add persons directly to the Registry. Other users can add clients by faxing the signed consent forms to ImmTrac.



Sorry, there are no clients that match the **Smart Search** criteria you entered. Please review the search criteria below to ensure that all information is correct. You may **modify** the search criteria to search again or request that the client be added to ImmTrac.

If you conduct a Smart Search and do not find the individual you are searching for, you can request a consent form so the person may participate in ImmTrac.

Last Name = DEMO
 First Name = THOMAS
 Date of Birth = 02/05/2006
 Sex = Male
 Residence Address = 123 CENTER ROAD
 Residence City = ANYTOWN
 Residence State = Texas
 Residence Zip = 78787
 Residence County = Travis
 Mother's First = AMANDA
 Mother's Maiden = SAMPLE

[[Modify Search Criteria](#)]

If the client you are searching for is not shown on the list above, you may request that your client be added to ImmTrac.

Do you have a signed ImmTrac Consent Form (C-7) for your client?

- YES** [[Request Client Add](#)] This will allow you to request that the client be added.
- NO** [[Request Consent Form](#)] This will generate a consent form to be signed by the parent.

1. The page will ask: “Do you have a signed ImmTrac Consent Form (C-7) for your client?”



L2397356

2. If you already have a signed consent form, select the “YES [Request Client Add]” link to generate a unique search number for the form. Clearly write the unique number shown in the box labeled For Clinic/Office Use located in the upper right area of the consent form.

You have indicated that you have a signed ImmTrac Consent Form (C-7), and that you wish to request that your client be added to ImmTrac. Please clearly write the unique number shown above in the box labeled For Clinic/Office Use located in the upper right area of the consent form.

The signed consent form must then be faxed to ImmTrac Toll Free at (866) 624-0180. When the form is received, the client will be added to ImmTrac. The client record will be created using the criteria entered in the **Smart Search**. In accordance with Texas law, clients cannot be added until a signed consent form is received and verified by DSHS. By writing the unique number shown above on the consent form, the client add process can be expedited.

[[Lookup Another Client](#)]

3. If you **do not** have a signed consent form, select the “NO [Request Consent Form]” link to display a pre-filled ImmTrac-generated consent form. Click on the “**Display Form**” button to show the pre-filled ImmTrac-generated Immunization Registry (ImmTrac) Consent Form (#IG-7) or Adult Consent Form in PDF format. A unique search number and barcode is displayed on the form. This form prints with the person's name, date of birth, gender, and address pre-filled in the appropriate fields.



To access and print the consent form you have requested, select the 'Display Form' button. You may request a Spanish version of the form by selecting the radio button below before selecting the 'Display Form' button.

4. You may request a Spanish version of the consent form by changing “English” to “Spanish.”

ENGLISH SPANISH

IG-7 Consent Form
 Adult Consent Form

5. Select the **Display Form** button to show the selected PDF consent form.
6. To print the consent form, click the printer icon then click the **OK** button on the printer confirmation box.
7. Offer the consent form to the adult client, child's parent, legal guardian, or managing conservator for their signature.
8. Fax **signed, legible** consent forms to the ImmTrac toll free consent fax number (866) 624-0180. This number is only for faxing signed ImmTrac consent forms.
9. **If the client already participates in ImmTrac - DO NOT** send ImmTrac a consent form. For those not in the Registry, we must have a signed consent form from the adult client, child's parent, legal guardian, or managing conservator to add a client to ImmTrac.

NOTE: At the bottom of the #C-7, #IG-7, and adult consent forms you will see the following statement: “Vaccine Providers Registered with ImmTrac – Please enter client information in ImmTrac and affirm that consent has been granted. DO NOT fax to ImmTrac. Retain this form in your client's records.” **Please disregard this statement if you are not a health care provider.** You **MUST** fax this form to the phone number provided to add someone to ImmTrac.

Editing Data on a Registry Client

After conducting a Quick, Basic, or Smart Search, the Client Detail page appears. From this page, you may view and edit the client's demographic information, guardian information, confidential information, immunization history, and next recommended immunizations. To save any changes, click the **Save** button and it will return to the Client Detail page. The updated information appears. To reset any information you may have changed to the original information, select the **Reset** button before saving. Click the **Cancel** button to cancel any changes and return to the Client Detail page. You may also print an official copy of the client's ImmTrac immunization record.

ImmTrac Client Detail

Name TRAIN, DOROTHY ANN
DOB 12/16/2007 **Age** 8 months
Sex F **Race**
ImmTrac ID 320113619 **QM Status** N
Client Type ImmTrac Child (IC)
Disaster Consent Granted? N

Client List · Modify Search Criteria · Edit Above Info · Help

Logout
Home
Client Info
Preparedness
Address
Guardian
Comments
Confidential
Immunizations
Imm Schedule

You may "Affirm" OR "print and Affirm" the required consent to retain disaster-related information for this client beyond the five (5) year retention period by clicking one of the two buttons below.

Preparedness Information
Edit **Responder Status** Not associated

Address

Address 456 DAWSON DRIVE
City ARANSAS PASS
State TX
Zip 78336
County San Patricio
Country US
Phone
OK to Contact? Y
Num of Recall Attempts 0

Guardian

Name
Relationship

Client Info: Click the "Edit Above Info" link located on the blue menu bar to view the "Edit Client Profile" page. Here, the client's last name, first name, middle name, suffix (if applicable), date of birth, sex, and race can be edited.

Edit Client Profile

✓ = Required Information

✓ **Last Name** TRAIN
 ✓ **First Name** DOROTHY
Middle Name ANN
Suffix
 ✓ **Date of Birth** 08 / 16 / 2007 (MM/DD/YYYY)
 ✓ **Sex** Male Female
Race [Select Race]

Address: Click the “Edit Address Information” link located below the block to show the Edit Address page. The client’s street address, city, state, zip code, county, country, and phone number can be edited here. You may also indicate if it is OK to contact this client by selecting “Yes” or “No.” If any attempts have been made to recall the client for overdue immunizations, the number of attempts will display in the “Num of Recall Attempts” field.

Guardian: Click the “Edit Guardian Information” link located below the block to view the Edit Guardian page. Here, the guardian’s last name, first name, middle name, suffix (if applicable), and the guardian’s relationship to the child can be edited from the dropdown menu.

Confidential Information: Click the “Edit Confidential Information” link located below the block to view the “Edit Confidential Information” page. The mother’s last name, first name, middle name, maiden name, and date of birth can be edited. Below the “Father’s Information” section, edit the father’s last name, first name, and middle name. In the “Client Information” section, edit the client’s Social Security and Medicaid numbers.

NOTE: If the mother’s date of birth is entered under the “Mother’s Information” section, the mother’s age at the child’s birth automatically displays. The “Most Recent PFS Information” also automatically displays in the “Confidential Information” block. However, neither of these fields may be edited.

Immunizations:

1. To edit information in the “Immunizations” block, click the “Edit” link next to the immunization you wish to edit.

Description Only		CPT Code & Description				
Edit Imm	Vaccine	Immunization Date	Age at Immunization	PFS	Lot Number	
Edit	HepB, 3 dose series, ped/adol	01/08/2010	0 week 1 day	1133170002	1022Y	Merck & Co., Inc.
Edit	HepB, 3 dose series, ped/adol	03/11/2010	2 months 4 days	1138160003	AHBVB708BA	GlaxoSmithKline (includes
Edit	HepB, 3 dose series, ped/adol	08/05/2010	6 months 29 days	1138160003	0320Z	Aventis Behring L.L.C. (inc
Edit	HepB, 3 dose series, ped/adol	01/07/2011	1 year	1138160003	AHAVB427AA	Merck & Co., Inc.
Edit	MMR	01/07/2011	1 year	1138160003	9104510025	Merck & Co., Inc.
Edit	Varicella (VAR)	01/07/2011	1 year	1138160003	9724309016	Merck & Co., Inc.
Edit	Pneumococcal (PCV7)	05/20/2010	4 months 13 days	1138160003	E46122-05	Wyeth [USE: other Wyeth
Edit	Pneumococcal (PCV7)	08/05/2010	6 months 29 days	1138160003	E49133	Wyeth [USE: other Wyeth
Edit	Pneumococcal (PCV7)	10/08/2010	9 months 1 day			
Edit	Rotavirus (RV5), 3 dose series	03/11/2010	2 months 4 days	1138160003	1211X	Merck & Co., Inc.
Edit	Rotavirus (RV5), 3 dose series	05/20/2010	4 months 13 days	1138160003	1633Y	Merck & Co., Inc.
Edit	Rotavirus (RV5), 3 dose series	08/02/2010	6 months 26 days	1138160003	0593Z	Merck & Co., Inc.
Edit	Hib, PRP-T	05/20/2010	4 months 13 days	1138160003	UF877AA	Sanofi Pasteur (formerly A
Edit	DTaP-IPV/Hib	03/11/2010	2 months 4 days	1138160003	C3286AB	GlaxoSmithKline (includes
Edit	DTaP-IPV/Hib	08/05/2010	6 months 29 days	1138160003	C3622AA	Sanofi Pasteur (formerly A
Edit	DTaP-HepB-IPV	05/20/2010	4 months 13 days	1138160003	AC21B20BA	GlaxoSmithKline (includes

2. The Edit Client Immunizations page appears. To edit the vaccine type, choose the appropriate vaccine from the dropdown menu. (NOTE: Click the word “Vaccine” when hyperlinked in blue to view the Vaccine Code and Description Table.) Edit the Vaccine type and immunization date if necessary. This information is required for **all** immunizations. If known, edit the PFS number and lot number and select the manufacturer from the dropdown menu. This information is required for **current** immunizations. Also, if known, indicate the client's Vaccines For Children (VFC) Status from the dropdown menu. Lastly, indicate if the immunization is a current dose by selecting “Y” (for “yes”) or “N” (for “no”) from the dropdown menu. To save any changes, click the **Save** button and it will return to the Client Detail page. The updated information appears. To reset any information you may have changed to the original information, select the **Reset** button before saving. Click the **Cancel** button to cancel any changes and return to the Client Detail page.

Edit Client Immunizations

[Click here for a list of ImmTrac vaccine codes and their descriptions.](#)

- Legend**
- ✓ Required for **All** Immunizations
 - ✓✓ Required for **Current** Immunizations
 - ** No ACIP schedule recommendation
 - * Adult Formulation

✓ CPT Code / Vaccine Description	90744	HepB, 3 dose series, ped/adol..... 90744
	(Click here to view the vaccine table)	
✓ Immunization Date	09 / 02 / 2008	(MM / DD / YYYY)
✓✓ PFS Number		
✓✓ Lot Number		
✓✓ Manufacturer	[Select Manufacturer]	
VFC Status	[Select VFC Status]	

Save Reset Cancel Delete Help

IMPORTANT NOTE: Do not edit any immunizations that your clinic did not enter unless you have a valid, medically-verifiable immunization record available. You cannot delete immunizations after they are saved. If you have entered and saved incorrect data or found an incorrect immunization, please contact ImmTrac Customer Support at (800) 348-9158 to verify the information and ImmTrac Customer Support staff will delete the immunization.

Adding Immunizations on a Registry Client

If you have been given editing rights as an ImmTrac user, you may also add current and/or historical immunizations to existing ImmTrac clients' records.

NOTE: The ImmTrac „shot scheduler" bases its reminder/recall reports on ACIP (Advisory Committee for Immunization Practices) recommendations. If live parenteral (injected) vaccines (MMR, VAR, MMRV, zoster, and/or yellow fever) and LAIV (Nasal-Spray Flu Vaccine) are not administered during the same visit, they should be separated by 28 days or more. If a live vaccine is administered within that 4 week timeframe, the scheduler will consider that immunization „invalid" and recommend re-administration of that vaccine.

1. Open client's full record after conducting a search. On the Client Detail page, scroll down to view the "Immunizations" block or select the "Immunizations" link in the menu located on the left hand side of the page.

Immunizations (Click here to view the vaccine table)
 To generate an Immunization History record, click

Description Only CPT Code & Description

Edit Imm	Vaccine	Immunization Date	Age at Immunization	PFS	Lo Num
Edit	HepB, 3 dose series, ped/adol	07/02/2008	0 week		
Edit	HepB, 3 dose series, ped/adol	09/02/2008	2 months		
Edit	HepB, 3 dose series, ped/adol	12/12/2008	5 months 10 days		
Edit	DTaP	09/02/2008	2 months		
Edit	DTaP	11/02/2008	4 months		
Edit	DTaP	01/02/2009	6 months		
Edit	DTaP	07/02/2009	1 year		

2. To begin entering one or more immunizations, click the "Add Current Immunizations" or "Add Historical Immunizations" button located below the "Immunizations" block to display the Add Client Immunizations page.

Add Client Immunizations

Your PFS Number: 0000040002

[Click here for a list of ImmTrac vaccine codes and their descriptions.](#)

Legend

- ✓ Required for All Immunizations
- ✓✓ Required for Current Immunizations
- ** No ACIP schedule recommendations
- * Adult Formulation

Current Dose?	CPT Code	Vaccine Description	Immunization Date	P Num
<input checked="" type="checkbox"/>	<input type="text"/>	Select Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	0000040
<input type="checkbox"/>	<input type="text"/>	Select Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	0000040
<input type="checkbox"/>	<input type="text"/>	Select Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	0000040
<input type="checkbox"/>	<input type="text"/>	Select Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	0000040
<input type="checkbox"/>	<input type="text"/>	Select Vaccine	<input type="text"/> / <input type="text"/> / <input type="text"/>	0000040

Note: Immunization history listed below. Blank rows will not be added.

NOTE: All fields marked with one checkmark in the field name must be entered for **all** immunizations. All fields marked with two checkmarks in the field name must be entered for **current** immunizations. A **current** immunization is one that was administered within the last 28 days.

- Above the client's information, your PFS number displays as well as a link that states "Click here for a list of ImmTrac vaccine codes and their descriptions." Click this link to view the Vaccine Code and Description Table.

Entering Immunizations

IMPORTANT NOTE: If you are entering a historical immunization, you are not required to enter the PFS number, lot number or manufacturer.

- The cursor starts in the "Current Dose" column. If you are adding a current immunization, you must fill out all fields with two checkmarks.
- If the immunization was administered within the last 28 days, leave the "Current Dose" column "Y" (for "yes"). If the immunization was administered more than 28 days ago and/or at another site, change this option to "N" (for "no").
- Select the type of vaccine administered from the dropdown menu in the "Vaccine" column.
- Enter the date of administration in the "Immunization Date" field.
- If you are entering a current immunization, your site's PFS number automatically displays in the "PFS Number" field.
- Enter the lot number in the "Lot Number" field, if current or known.
- Select the manufacturer from the drop-down menu in the "Manufacturer" column, if current or known.
- If applicable, scroll over to the right and indicate the VFC status from the drop-down menu in the "VFC Status" column.

Add Client Immunizations

Your PFS Number: 000040002

[Click here for a list of ImmTrac vaccine codes and their descriptions.](#)

Legend

- ✓ Required for All Immunizations
- ✓✓ Required for Current Immunizations
- ** No ACIP schedule recommendations
- * Adult Formulation

Current Dose?	CPT Code	Vaccine Description	Immunization Date	PFS Number	Lot Number	Manufacturer
Y		Select Vaccine	/ /	000040002		[Select Manufacturer]
Y		Select Vaccine	/ /	000040002		[Select Manufacturer]
Y		Select Vaccine	/ /	000040002		[Select Manufacturer]
Y		Select Vaccine	/ /	000040002		[Select Manufacturer]
Y		Select Vaccine	/ /	000040002		[Select Manufacturer]

NOTE: Always review your entries for accuracy before saving.

- To save the newly entered immunizations, click the **Save** button and you will return to the Client Detail page. The updated information appears in the “Immunizations” block. To clear any information you may have entered, select the **Reset** button to clear all the fields. Click the **Cancel** button to cancel any changes and return to the Client Detail page.

Next Recommended Immunizations

After adding immunizations to the client's record, check the next recommended immunizations for the client. These recommended immunizations are calculated from the client's immunization record in ImmTrac.

- Advance to the “Next Recommended Immunizations” block below the “Immunizations” section.
- Click the “Regenerate” button to generate a new schedule of recommended future immunizations for the client. You can also create an individual recall or reminder record for this client by using the appropriate button in this block.

Next Recommended Immunizations
 (Click [here](#) for additional information about the new vaccination scheduler.)

Recommendations are up-to-date.

Click to generate a Recall letter.

Click to generate a Reminder letter.

Vaccine	Dose	Earliest Date*	Recommended Date	Overdue Date
DTaP/DT/Td/Tdap	5	03/06/2013	03/06/2013	04/06/2015
HepA	1	03/06/2003	03/06/2003	03/06/2004
HepB 3-Dose	2	01/02/2006	01/02/2006	03/29/2006
HPV	1	03/06/2011	03/06/2013	03/06/2015
Influenza	1	09/06/2002	09/06/2002	10/06/2002
Meningococcal	1	03/06/2013	03/06/2013	03/06/2015
MMR	1	03/06/2003	03/06/2003	07/06/2003
Polio	1	04/17/2002	05/06/2002	06/06/2002
Varicella	1	03/06/2003	03/06/2003	07/06/2003

*Minimum intervals specified for combination vaccines may differ

Printing an ImmTrac Immunization Record

1. After conducting a search, open the client's full record. The Client Detail page appears. From the menu on the left hand side of the page, select the link for either a Clinician or Parent Immunization History Record. The Clinician Record includes lot numbers and manufacturers for the immunizations. You can also print the same records from the block showing the client's immunizations. This "Official Immunization and Disaster-Related Information Record" opens as a PDF document and can be printed using the printer icon.



2. To print the Official Immunization Record PDF file, click the printer icon then click the **OK** button on the printer confirmation box. If your printer icon is not visible, simply right click anywhere on the record and select Print from the drop down menu.

Client Detail

Name: TRAIN, DOROTHY ANN
 DOB: 12/16/2007 Age: 8 months
 Sex: F Race: N
 ImmTrac ID: 320113619 OM Status: N
 Client Type: ImmTrac Child (IC)

Client List · Modify Search Criteria · Edit Above Info · Help

Save a Copy · Search · Select · 110% · Adobe Reader 7.0

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Official Immunization Record

ImmTrac ID: 320113619 Gender: F
 Client Name: TRAIN, DOROTHY ANN Client Age: 8 months
 DOB: 12/16/2007 Report Date: 09/21/2008

IMMUNIZATION HISTORY

Vaccine Family	Vaccine Type	Immunization Date	Vaccine Manufacturer	Lot Number
<i>Any combination vaccines (e.g., DTaPHb/IPV, HepB/Hb) administered are listed within each appropriate vaccine family.</i>				
Hepatitis B	HepB	12/16/2007	Abbott Labs	12n5gr
	HepB	02/16/2008	Abbott Labs	8rg651
	HepB	06/16/2008	Abbott Labs	iy67q56
DTP/DTaP/DT/Td	DTaP	02/16/2008	Abbott Labs	65f445j
	DTaP	04/16/2008	Abbott Labs	5rtt89
	DTaP	06/16/2008	Abbott Labs	5fy54h
L2H	L2H	07/16/2008	Abbott Labs	4944E

3. After the immunization record prints, sign and date it at the bottom. **This record is considered an official immunization record.**

Viewing and Editing Your Site Information

1. From the blue ImmTrac menu bar, move your pointer over “Options.” Select “Edit Site Information” from the drop down menu.

The screenshot shows the ImmTrac Texas Immunization Registry website. At the top, there is a blue navigation bar with the following links: Home, Logout, Options, Search, Help, What's New?, and System Support. The 'Options' menu is open, displaying a list of options: Change Password, Edit Site Information, Import Options, Create Customized Reports, and Retrieve Customized Reports. Below the navigation bar, there is a 'Welcome' message and a 'Site Information' section. The 'Site Information' section contains the following details:

PFS Number	1100190007
PFS Name	Austin-Travis Cnty Clinic
Contact Name	Sally Smith
Address	15 Waller St.
City	Austin
State	TX
Zip Code	78702-
Phone Number	(512) 444-5555
Fax Number	
Email	
NPI Number	
TVFC Pin Number	

Below the 'Site Information' block, there is an 'Edit' button.

2. The Site Information page appears.

3. Select the **Edit** button below the “Site Information” block.

NOTE: If the **Edit** button does not appear below the “Site Information” block, you do not have the appropriate rights to edit your site’s information. To change any of your site’s information, contact ImmTrac Customer Support at (800) 348-9158.

4. Edit and save your site’s contact person, fax numbers, e-mail address, National Provider Identifier (NPI) or, if applicable, the Texas Vaccines for Children (TVFC) pin number. If necessary, click the **Cancel** button to cancel any changes and return to the Site Information page.

Locating Other Providers

You may search for providers and other entities, such as schools and child-care facilities, who are registered ImmTrac users.

1. From the blue ImmTrac menu bar, choose “Search” and select “Provider Search.”



2. On the Provider Search page, enter the search criteria you want to use in the appropriate fields. You can also use the wildcard character * to stand in for one or more characters. Also, if you just want to pull up providers with Internet access, select “Y” from the Online Flag drop down box. After entering the search criteria, click the **OK** button.

3. Below the search criteria block are sorting and display options you may select for your search results. You may choose up to three different sorting selections and select the order in which you want the results displayed in the list.

You may also select which columns you want displayed in the list. The Site Name, PFS Number, Facility Type, Online Flag, Address, City, County, and Phone columns are pre-selected. You may select any additional columns you want displayed or deselect any columns you do not want displayed individually. You may also select all options by clicking the **Select All** button or clearing all options by clicking the **Deselect All** button.

4. ImmTrac displays a listing of providers that match the criteria specified. Providers that have an ImmTrac user ID assigned will have “Y” (for “yes”) in the “Online Flag” column. Click on any blue column header to sort the list by that column.

Choose PFS	PFS Number	Online Flag	Site Name	Phone	Address	City	County	Facility Type
Select	110110019	Y	HAYS CO. LHD, KYLE CLINIC	(210) 444-5555	106 FRONT STREET, P.O. BOX 958	KYLE	Hays	Local Health Departm
Select	1100620141	N	Kyle WIC Clinic		106 FRONT STREET	KYLE	Hays	WIC Clinic

5. Click the “Select” link to the left of the provider’s PFS number to view the Provider/Facility/Site Information. **Note:** Place your pointer directly over a PFS number in the “Immunization History” and “Most Recent Provider” sections of a client’s record. The contact information for that site displays in a hovering box.

ImmTrac Customized Reports Overview

In addition to individual immunization histories, ImmTrac offers customized reports to its users. Private providers may run reports only on their own PFS number, while public health providers may run reports by county or zip code.

NOTE: Due to the size of the ImmTrac database, customized reports may take some time to run on the server before they are available for viewing. Most reports will not run and appear instantly like a single immunization record. After submitting a request for a report, allow time for the report to run and retrieve it later. The time it takes for a report to run will vary depending on system usage.

The ImmTrac application offers the following reports:

Client Address Validation Report

The Client Address Validation report lists the available demographic information for all clients (matching the specified criteria) for whom a complete address is unavailable. This report was designed to help users correct missing or erroneous data. It is important for users to run this report prior to generating Reminder or Recall letters or labels because while clients without full addresses will appear on the Reminder and Recall reports, they will not appear on the letters or labels.

Recall Report/Letters/Labels

The Recall report lists demographic information for all clients (matching the specified criteria) for the purpose of notifying them that an immunization is overdue. This report includes clients for whom an immunization “Overdue Date” falls within the specified report date range.

Reminder Report/Letters/Labels

The Reminder report lists demographic information for all clients (matching the specified criteria) for the purpose of reminding them that an immunization due date is approaching. This report includes clients for whom an immunization “Recommended Date” falls within the specified report date range.

NOTE: The Reminder and Recall reports will include a client only if that site is listed as the client's “most recent provider” (i.e. gave them their last vaccination). The reports can also be generated in bilingual letter or mailing label format.

For users who request Reminder/Recall labels, data will be formatted to fit on standard Avery 5160 2 5/8” x 1” label size.

Users can now request Reminder/Recall reports, letters, and label data to be sorted by zip code and city in addition to sorting by last name/first name/date of birth. The default sort will remain last name/first name/date of birth.

Users can now choose to receive Batch Reminder/Recall Reports in Comma Separated Values (CSV) File Format. With information generated in CSV format, users

can create reports, letters and labels using their own templates. The CSV file format is a simple text file that is compatible with most spreadsheet and clinical software applications.

Newborn Status Report

The Newborn Status report supplies demographic information about newborns and their mothers, and indicates the newborn's Hepatitis B immunization status at birth. Authority to create this report is limited to public health providers with approved security clearance.

PFS Status Report

The PFS Status report lists the number of clients, vaccinations administered, and visits for any provider matching the selection criteria. All providers may create this report. However, private providers are only authorized to run this report on their own ImmTrac PFS number.

Total Doses Administered by PFS Report

The Total Doses Administered by PFS report displays the total number of immunizations administered by a provider.

Total Number of Clients Immunized by PFS Report

The Total Number of Clients Immunized by PFS Report displays an unduplicated count, by month, of children immunized by a provider. Children receiving more than one vaccination from a provider are only counted once.

Personal Reminder and Recall Letters

The Personal Reminder and Recall Letter function allows users to generate a single Reminder or Recall letter directly from the Client Detail page.

1. After conducting a search, open the client's full record.
2. From the menu on the left hand side of the page, select the "Imm Schedule" link.



3. From the "Next Recommended Immunizations" block, select the **Recall Letter** or **Reminder Letter** button to view a personal, single PDF letter for the client you are viewing.



4. To print the PDF file, click the printer icon then click the **OK** button on the printer confirmation box. If your printer icon is not visible, simply right click anywhere on the record and select Print from the drop down menu.

Creating New Customized Reports

1. From the blue ImmTrac menu bar, select “Options,” followed by “Create Customized Reports.”

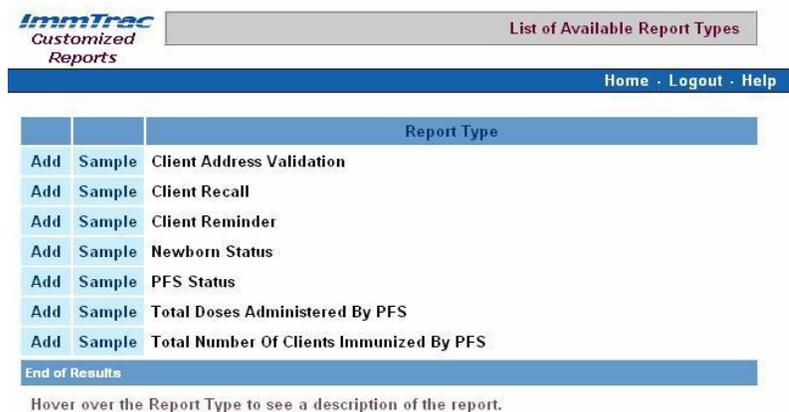


NOTE: If you have not previously requested any reports, the page displays the notice “You do not currently have any customized report requests to display.”

2. Click the **Add** button to create a report request.



3. On the List of Available Report Types page, select the “Add” link next to the List of Available Report Types you wish to request. If “Please Request Authority” appears next to a report type, that report option is not available to your site.



IMPORTANT NOTE: Hover over the Report Type to see a description of the report. You may also click the “Sample” link next to the report type to see an example of what the report will look like when printed.

- After selecting the report option, name the report in the “Comments” box. Select the report run frequency from the “Report Will Run” dropdown menu and select the report “Format” in the “Report Request Information” section.

Report Request Information

Report Type: Client Reminder

Comments: Sample Reminder Report

Report Will Run: On Request

From: 03 / 14 / 2011 Through: 03 / 14 / 2011

Format: Hard-Copy CSV File Letters Labels (Standard 1" x 2 5/8")

Sort Option: Last Name, First Name and Date of Birth

Selection Criteria

Age Range in Months (MMM) 000 Through 036 (Optional)

Immunization Due Date Range (MM/DD/YYYY)

PFS Num. with Subordinates

County [Select County]

Zip Code

Buttons: Save, Save and Submit, Cancel

- Under the “Selection Criteria” section, enter the client selection criteria for the report, including the “Age Range in Months” and the “Immunization Due Date Range.” When the “PFS number” is selected, the site’s PFS number automatically appears.
- Click the **Save and Submit** button to save and run the report request and return to the Your Requests for Customized Reports page. The list of stored report requests appears. From this list you may choose to **Add** another report, **Delete** a report, **Select** a report for editing or **Submit** the report request, if it has not already been submitted. You may request to **Submit** a report as the final step in the creation stage of a report.

NOTE: Part of the “Selection Criteria” for the client Reminder and Recall reports requires that a date range be entered for the “Immunization Due Date Range” and “Immunization Overdue Date Range” fields. The “Immunization Due Date Range” that you enter for the client Reminder report cannot contain start and end dates that are more than **100 days** apart. The “Immunization Overdue Date Range” you enter for the client Recall report cannot contain start and end dates that are more than **150 days** apart. The time frames you choose for the date ranges will automatically update according to the report frequency.

Accessing Stored Customized Report Requests

1. From the blue ImmTrac menu bar, select “Options,” followed by “Create Customized Reports” to view Your Requests for Customized Reports page.



2. From a list of any previous customized report requests, you may modify, submit or delete an existing report request or add a new report request.

The screenshot shows the 'Your Requests for Customized Reports' page. It includes a title, a paragraph of instructions, a table of report requests, and two buttons: 'Add' and 'Delete'.

The table has the following structure:

Select	Submit	Delete	Report Type	Comments	Last Run	Frequency	Format
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Reminder	Sample Reminder	08/22/2008	On Request	Hard Copy

Below the table, there is a blue bar with the text 'End of Results'.

3. To review and/or edit the selection criteria for a stored report request, choose “Select.” If you have modified the selection criteria, click the **Save** button to save your changes and return to the Your Requests for Customized Reports page or click the **Save and Submit** button to run the report immediately.
4. To submit a stored report request, click the “Submit” link next to the report request you want to run. A confirmation box will appear. Click the **OK** button to run the report. You must allow time for the report to run before retrieving it.
5. To delete a report request, select the box under the “Delete” column next to the report request you want to delete and click the **Delete** button. A confirmation box will appear. Click the **OK** button to delete the report request.

Retrieving and Printing Customized Reports after Submission

Reports may be retrieved and displayed after they have had time to run on the server.

1. From the blue ImmTrac menu bar, select “Options,” followed by “Retrieve Customized Reports” to view the Retrieve Your Customized Reports page.



NOTE: If the report is not ready for download, a notification stating “You do not currently have any customized reports to retrieve” appears.

2. The ImmTrac application displays a list of reports ready for viewing and printing.

The screenshot shows the 'Retrieve Your Customized Reports' page. It includes a heading, instructions on how to view reports, a warning about recent submissions, and a table of reports. The table has columns for Report Type, Comments, Created, Expires, and Delete. A 'View' link is present next to the first report.

	Report Type	Comments	Created	Expires	Delete
View	Client Reminder	Sample Reminder	8/22/2008 4:07:00 PM	9/22/2008 4:07:00 PM	<input type="checkbox"/>

3. To view the report, select the “View” link next to the report you want to view. The report displays on your computer as a PDF file.
4. To print the report, click the printer icon then click the **OK** button on the printer confirmation box.



5. After viewing or printing the report, select the **Return to Report List** button to return to the Retrieve Your Customized Reports page.

The screenshot shows a PDF report titled 'TEXAS DEPARTMENT of STATE HEALTH SERVICES Client Reminder Report'. The report includes client information, selection criteria, and a list of vaccines due.

Vaccine Due	Date Recommended	Vaccine Due	Date Recommended
DTap	08/30/2008	HepB	08/30/2008
IPV	08/30/2008	PCV7	08/30/2008

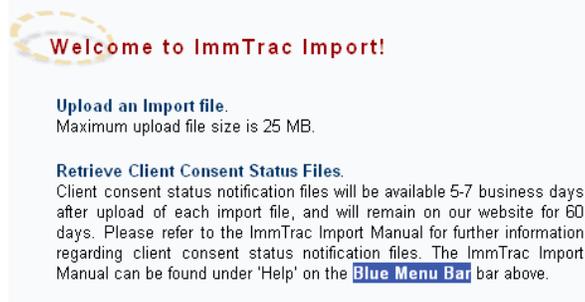
Electronically Reporting to ImmTrac

ImmTrac incorporates electronic data translation (EDT) capability, which allows ImmTrac to receive a variety of file formats and converts electronic data files into a format that can be imported into ImmTrac. ImmTrac provides two secure methods to transmit data files in a confidential manner: encrypted File Transfer Protocol (FTP) or direct upload from the ImmTrac Internet application.

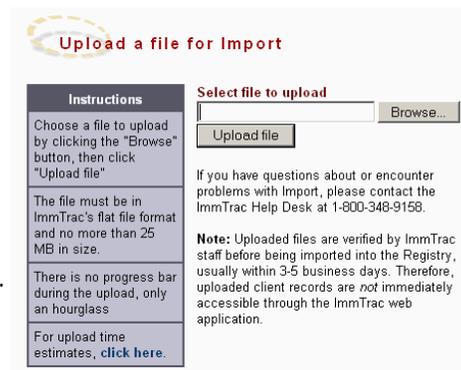
Providers also have the option to electronically import immunization data to ImmTrac from electronic medical records (EMR) software. Some EMR software can create an extract file for ImmTrac electronic import. The ImmTrac Group's staff works with the provider or EMR vendor to ensure data files meet ImmTrac specifications. Provider sites must be registered for ImmTrac access in order to electronically report immunization information via EMR systems.

NOTE: ImmTrac cannot provide users with technical assistance relating to commercial EMR products. ImmTrac users utilizing or considering the purchase of an EMR product should contact the EMR vendor to determine if their system has the capability to generate a data extract file. Users should also contact their EMR vendor to determine the procedure for defining and creating a file template or generating a data extract file from their EMR system. Users may need to request training from the EMR vendor on how to generate the data extract file.

1. From the blue ImmTrac menu bar, select "Options," followed by "Import Options" to view the Welcome to ImmTrac Import page.



2. Select the "Upload an Import file" link to view the Upload a File for Import page.
3. The Upload A File For Import page appears.



- Click the **Browse** button then select the file to upload and select the **Open** button.



- Click the **Upload File** button. If the upload was successful, you will see a message that states “Success” and the file’s name and the amount of time it took to transfer.

Upload a file for Import

Instructions	Select file to upload
Choose a file to upload by clicking the "Browse" button, then click "Upload file"	C:\Documents and Settings\II Browse... Upload file
The file must be in ImmTrac's flat file format and no more than 25 MB in size.	If you have questions about or encounter problems with Import, please contact the ImmTrac Help Desk at 1-800-348-9158. Note: Uploaded files are verified by ImmTrac staff before being imported into the Registry, usually within 3-5 business days. Therefore, uploaded client records are <i>not</i> immediately accessible through the ImmTrac web application.
There is no progress bar during the upload, only an hourglass	
For upload time estimates, click here .	

NOTE: Files must be in ImmTrac's flat file format and no more than 25 MB in size.

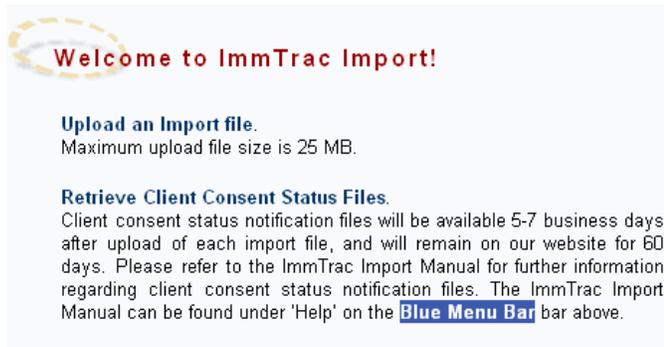
Upload a file for Import

Instructions	Select file to upload
Choose a file to upload by clicking the "Browse" button, then click "Upload file"	Browse... Upload file
The file must be in ImmTrac's flat file format and no more than 25 MB in size.	<p style="text-align: center;">SUCCESS</p> <p style="text-align: center;">Sample File.imp transferred in <1 mins!</p> <p>If you have questions about or encounter problems with Import, please contact the ImmTrac Help Desk at 1-800-348-9158.</p> <p>Note: Uploaded files are verified by ImmTrac staff before being imported into the Registry, usually within 3-5 business days. Therefore, uploaded client records are <i>not</i> immediately accessible through the ImmTrac web application.</p>
There is no progress bar during the upload, only an hourglass	
For upload time estimates, click here .	

Client Consent Status Files

After providers report immunizations via electronic import, the ImmTrac Group provides an electronic notification file informing providers of clients for whom consent cannot be verified. The notification file also instructs providers on how to obtain parental consent for those clients who do not already participate in ImmTrac. It is the provider's responsibility to retrieve the electronic notification file from the ImmTrac application.

1. From the blue ImmTrac menu bar, select "Options," followed by "Import Options" to view the Welcome to ImmTrac Import page.



2. Select the "Retrieve Client Consent Status Files" link. The Retrieve Your Client Status Notifications page appears.

NOTE: If there are no files to retrieve the page states "You do not currently have any notification files to retrieve." Click the **Requery** button.

Retrieve Your Client Status Notifications

You do not currently have any notification files to retrieve.

If you have imported clients and feel that you should at this point have received notification, call Immtrac Customer Support at (800) 348-9158 for assistance.

Requery

3. If there is a file(s) to retrieve, a list appears with your Consent Status Notification files.

The following is a list of your Consent Status Notification files. Refer to the ImmTrac Import Manual for further information regarding Consent Status Notification files. The ImmTrac Import Manual can be found under 'Help' on the Blue Menu Bar above.

To download the file click on the Download link and save the file. A file will be available for download until the expiration date has passed.

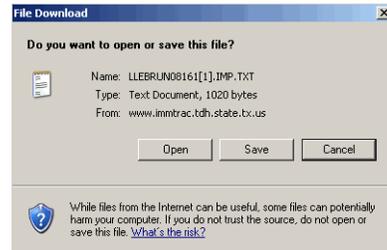
	File Name	Created	Expires
Download	LLEBRUN08161.IMP.TXT	6/30/2008	8/30/2008

End of Results

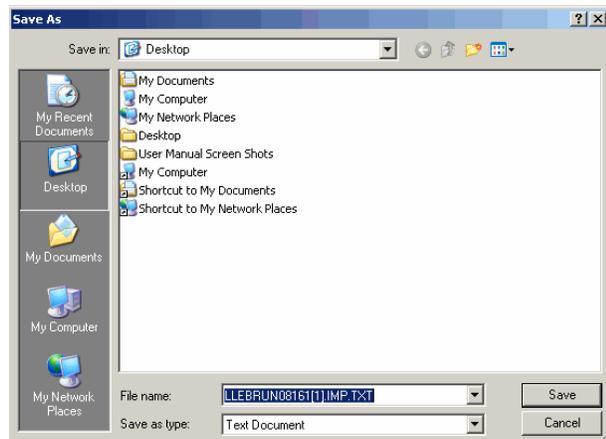
Requery

4. Click the “Download” link next to the “File Name” of the file you wish to download.

5. A File Download dialog box will open.
Select the **Save** button to save the file.



6. Choose the location where you wish to save the file and select the **Save** button.



7. You will then be able to open the Consent Status Notification file from where it is saved on your computer.

NOTE: A file is available for download until the expiration date has passed.

Logging Out of ImmTrac

1. From the blue ImmTrac menu bar, select “Logout.” If you are on a Client Detail page, select the “Logout” link from the menu on the left hand side of the page.



2. After you select “Logout,” a dialog box asks you “Are you sure you want to logout?” Click the **OK** button if you want to logout or click the **Cancel** button if you wish to continue using ImmTrac.



3. After clicking **OK**, the Logout Successful page appears. If you have exited the ImmTrac application by mistake, select the “click here” link to return to the ImmTrac logon page. If you are finished with your ImmTrac session, click the **Close Browser Now** button.

Logout Successful

You are now logged out of the **ImmTrac** system.
If you exited the application by accident, you may [click here](#) to return to the login page and begin a new session.

However, if you are finished using ImmTrac you *must* close your Internet browser. Your browser may maintain a memory of the information you viewed during your session. When you logged into ImmTrac you agreed to close your Internet browser at the end of each ImmTrac session.



Thank you for using ImmTrac.

Close Browser Now

4. Another dialog box asks you, “The web page you are viewing is trying to close the window. Do you want to close this window?” Select the **Yes** button to close the browser and finish your ImmTrac session.