



Preparing for COVID-19 Vaccination Data Reporting to imMTrax – Direct Data Entry

This document was created by the Montana Immunization Program as a tool to assist facilities as they prepare for future COVID-19 vaccination data reporting. The Immunization Program strongly encourages facilities review expected data elements and implement any changes in data collection practices prior to a COVID-19 vaccine becoming available. The data elements displayed below are specific to CDC required fields for COVID-19 vaccine administration reporting only.

As part of the *CDC COVID-19 Vaccination Program Provider Agreement*, participating facilities are required to report required information within 24 hours of administering a dose of COVID-19 vaccine.

Note: Required data elements are defined by the CDC.

--The Basics--

Data Element	Example	Notes
Administering Facility/Organization	<i>ABC County Health Department</i>	Automatically attached to lots added to imMTrax-managed inventory and the individual user account
Administration Date	<i>12/15/2020</i>	
Vaccine Administered	<i>COVID-19 vaccine, specific type</i>	
Vaccine NDC	<i>XXXXX-XXXX-XX</i>	Automatically attached to lots added to imMTrax-managed inventory
Vaccine Lot Number	<i>QRV123</i>	
Manufacturer	<i>PMC</i>	Automatically attached to lots added to imMTrax-managed inventory
Vaccine Expiration Date	<i>06/30/2021</i>	Automatically attached to lots added to imMTrax-managed inventory
Vaccinator	<i>Susan Miller, RN</i>	
Administering Site (on the body)	<i>Right Arm</i>	
Vaccine Administered Route	<i>Intramuscular</i>	
Recipient First Name	<i>Mary</i>	
Recipient Last Name	<i>Smith</i>	
Recipient DOB	<i>01/15/1950</i>	
Recipient Sex	<i>F</i>	
Recipient Race	<i>White</i>	
Recipient Ethnicity	<i>Hispanic or Latino</i>	
Recipient Street Address	<i>555 Ave L</i>	
Recipient City	<i>Butte</i>	
Recipient State	<i>MT</i>	
Recipient Zip Code	<i>59701</i>	
Recipient Phone Number	<i>406-444-4444</i>	NOT required by CDC. Strongly encouraged for Reminder/Recall.