A photograph of several long, slender green plant stalks, possibly wheat or barley, positioned vertically on the left side of the page. The stalks are vibrant green and have a slightly textured appearance.

# Alberta Electronic Immunization/Adverse Reaction to Immunization (Imm/ARI)

Kroll User Guide

November 2025

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# Alberta Electronic Immunization/Adverse Reaction to Immunization (Imm/ARI)

## Introduction

Immunization is one of the most important and cost-effective public health innovations. In Canada, immunizations have saved more lives than any other health intervention and have contributed to the reduction in morbidity and mortality from a broad range of vaccine-preventable diseases in adults, children, and other vulnerable populations. Access to information on vaccinations is an important element in patient care. To address this, Alberta Health has created an immunization data repository known as Imm/ARI, which is short for Immunization/ARI (Adverse Reaction to Immunization).

A number of years ago, a piece of legislation entitled Immunization Regulation was passed that require all Alberta Health Care Providers (HCPs) who administer vaccinations to electronically contribute data to Imm/ARI. For further information click this hyperlink [https://open.alberta.ca/publications/2018\\_182](https://open.alberta.ca/publications/2018_182) . Alberta Health has created a portal that enables practitioners to electronically submit data. This is a standalone tool and is not integrated with the Kroll system. In addition, publicly funded vaccinations (e.g. Influenza and COVID-19) had their information sent to Imm/ARI via a feed from the Alberta Blue Cross adjudication engine. This functionality will be discontinued in the very near future and **all** vaccinations will need to be entered via the portal.

To improve efficiency and reduce the risk of data transcription errors, the Kroll Team at TELUS Health has developed an interface that will enable customers to electronically send vaccination information to the Imm/ARI repository directly from their Kroll systems.

This user guide provides customers insight into the elements of Kroll related to the Imm/ARI integration and how to utilize them.

## Enable Alberta Imm/ARI

**Prerequisite:** The Imm/ARI module requires Real Time Integration (RTI) with the Alberta Pharmacy Information Network (PIN).

Before proceeding:

- Verify that **PIN RTI** is enabled and configured in your Kroll system.
- Note: Disabling **PIN RTI** will prevent vaccination data submission to both PIN and Imm/ARI

The Imm/ARI module was activated in your system through either an update that was ran the night before or the morning of the activation.

## Required Store configuration option

File > Configuration > Store > Rx > 8 – Immunization

Store Level Configuration Parameters

General Patient Drug Doctor Rx Vigilance Adjudication Labels Delivery Reports Security Interfaces Order X - AR Y - To Do Cleanup

1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6 - Workflow 7 - Counseling 8 - Immunization 9 - CeRx 10 - Auto-Refill/Reminders

☐ Enable electronic immunizations

- ☐ Require electronic signature for Pharmacists
- ☐ Require UPC Verification of Vaccine Product
- ☐ Allow to use non-influenza immunization products obtained externally
- ☐ Print immunization wallet card

Allow to use non-influenza immunization Rxs dispensed 180 days ago

Message on Receipt for patients eligible for Influenza shots

- ☒ Print for retail patients
- ☒ Print for NH patients

Message

Font  Font Size

Influenza Season

Start Date

End Date

Min Age

Max Age

☒ Record immunization when filling an immunization product or fee Rx not already linked to an immunization



The option labelled **Record immunization when filling an immunization product or fee Rx not already linked to an immunization** was turned on (checked as noted in the screenshot above) by an update that was ran when your Kroll System was activated on Imm/ARI. This store configuration option **MUST** remain checked at all times.

## Store configuration option to enable Electronic Immunizations

If you wish to use the Kroll Immunization Module–Electronic Mode, please follow the following steps:

File > Configuration > Store > Rx > 8 – Immunization

Store Level Configuration Parameters

General Patient Drug Doctor Rx FDB Adjudication Labels Delivery Reports Security Interfaces Order X - AR Y - To Do Cleanup

1 - General 2 - Pricing 3 - Prompting 4 - Nursing Home 5 - Background Rx Filling 6 - Workflow 7 - Counseling 8 - Immunization 9 - CeRx 10 - Auto-Refill/Reminders

☒ Enable electronic immunizations

☒ Require electronic signature for Pharmacists

☐ Require UPC Verification of Vaccine Product

☐ Allow to use non-influenza immunization products obtained externally

☐ Print immunization wallet card

Allow to use non-influenza immunization Rxs dispensed 30 days ago

Message on Receipt for patients eligible for Influenza shots

☒ Print for retail patients

☒ Print for NH patients

Message

Font **Tt** Calibri Font Size 11 B I U

Influenza Season

Start Date 22/10/2015

End Date

Min Age 0

Max Age 0

☒ Record immunization when filling an immunization product or fee Rx not already linked to an immunization

Search OK Cancel

- **Enable electronic immunizations:** Switches the immunization module from *Paper mode* to *Electronic mode*. When enabled, all documentation related to immunization (except for the patient consent form) occurs on- screen rather than needing to print and scan the information back into Kroll.
- **Require electronic signature for Pharmacists:** When this option is enabled, pharmacists must provide an electronic signature when finalizing immunizations. A compatible digital signature tablet or virtual signature pad is required.

- **Require UPC Verification of Vaccine Product:** When enabled, users must scan or enter the vaccine's UPC barcode during immunization entry. The UPC must be pre-configured in the product's drug card for verification to succeed.

Rx Emergency Contact Patient Consent **Product**

Please scan or enter the UPC from the drug pack

Product Ixiaro 6mcg/0.5mL (Pack Size 1 ML)

UPC

Disp Qty\* 0.5  ML DIN 02333279 UPC 627843581437

Route\* Intramuscular

Lot Number\*

Expiry Date\*

Vaccine\* Japanese Encephalitis

Manufacturer\* Valneva

\* Required Field

Rx Emergency Contact Patient Consent **Product**

Product Ixiaro 6mcg/0.5mL (Pack Size 1 ML)

UPC UPC match found for 627843581437

Disp Qty\* 0.5  ML DIN 02333279 UPC 627843581437

Route\* Intramuscular

Lot Number\* 12345

Expiry Date\* 01/01/2025

Vaccine\* Japanese Encephalitis

Manufacturer\* Valneva

\* Required Field

- **Allow to use non-influenza immunization products obtained externally:** Enables pharmacist to administer and document non-influenza vaccines that were not dispensed by their pharmacy. The immunization is still submitted to Imm/ARI.

Example scenarios:

- The patient brings in a vaccine dispensed by another pharmacy.

Rx Options Use a product obtained externally ▼


Product < None > ▼ F5


PackSize

UPC

- The vaccine necessitates more than one dose and the patient must wait before the subsequent injection can occur.

Next planned immunization dates

Dose  d =  

Series  m =  

- **Print immunization wallet card:** Prompts user to print a wallet card-sized immunization card when finalizing an immunization, with options to customize which immunization types appear on the card.

 Immunization Wallet Card Selection ✕

Show Immunizations

☒ Most recent series
 ☐ Since Date 
☐ All

Immunization Type

☐ COVID  
☐ Influenza  
☐ Non Influenza  
☐ Therapeutic

- **Allow to use non-influenza immunization Rxs dispensed \_ days ago:** Sets the time window (in days) for linking a previously dispenses immunization prescription to a new immunization record. This allows pharmacist to document administration of vaccines dispensed up to [X] day prior.

**Example:** If set to 30 days, a vaccine dispensed 25 days ago can still be linked when documenting the immunization administration.

### Record immunization when filling an immunization product or fee Rx not already linked to an immunization:

Automatically prompts users to create an immunization record when dispensing a vaccine product or immunization-related fee prescription outside the immunization module.

#### Workflow:

User dispenses an immunization product via standard prescription filling (not through immunization module)

After finalizing the prescription, the Immunization Data Entry window appears

User can either:

- Create a new immunization record
- Link to an existing immunization record (for multi-dose vaccines)
- Skip (if administration will occur later)

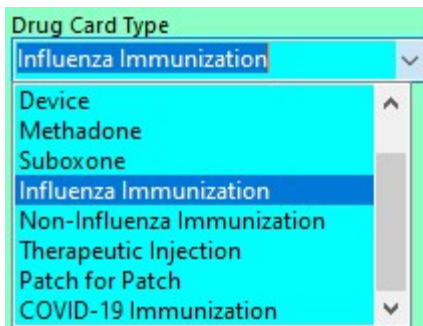
---

## Setting up Drug Cards

For immunization products, two key fields control vaccine identification and reporting to Imm/ARI:

1. **Drug Card Type** (pre-existing field)

- Influenza Immunization
- Non-Influenza Immunization
- COVID-19 Immunization



2. **Vaccine** (new field when Imm/ARI module is enabled)

- Located under the Other tab on the Drug Card
- Default value: Unknown
- Maps to specific vaccine codes sent to Imm/ARI

General	Ordering	UPCs	Plans	Usage	Old Costs	Counseling	Kroll Care	Other
User Field 1	<input type="text"/>							
User Field 2	<input type="text"/>							
User Field 3	<input type="text"/>							
Refill/Renewal Reminders Allowed	Refill Reminders Only							
Refill Reminder Rx Default	No							
Vaccine	Unknown							

When the Imm/ARI module is enabled, a new **Vaccine** field appears on the Drug Card under the Other tab. This field maps immunization products to specific vaccine codes required for Imm/ARI reporting.

### Field Locations

- **Drug Card Type:** Pre-existing field that categorizes products as:
  - Influenza Immunization
  - Non-Influenza Immunization
  - COVID-19 Immunization

**Drug Card Type**

Influenza Immunization
Device
Methadone
Suboxone
Influenza Immunization
Non-Influenza Immunization
Therapeutic Injection
Patch for Patch
COVID-19 Immunization

- **Vaccine:** New field (Other tab on Drug Card)
  - Default: Unknown
  - Purpose: Specifies the exact vaccine code sent to Imm/ARI

General	Ordering	UPCs	Plans	Usage	Old Costs	Counseling	Kroll Care	Other
User Field 1	<input type="text"/>							
User Field 2	<input type="text"/>							
User Field 3	<input type="text"/>							
Refill/Renewal Reminders Allowed	Refill Reminders Only							
Refill Reminder Rx Default	No							
Vaccine	Unknown							

### Initial Configuration

The Vaccine field may be pre-populated through:

- Automatic TELUS Health updates for common vaccines
- Manual selection by pharmacy staff

If the field remains “Unknown,” users must select the vaccine type when documenting immunizations.

---

## Workflow: Setting the Vaccine Type

### First-Time Selection (Drug Card = “Unknown”)

The screenshot shows the 'Immunization Data Entry' window with the 'Administration' tab selected. The 'Vaccine dose number' field is set to '1'. A dialog box titled 'Drug Information Changed' is displayed in the center, asking 'Vaccine was changed. Update drug card?' with 'Yes' and 'No' buttons. The background form includes fields for 'Date of admin', 'Administered by', 'Administration site', 'Administration reason', 'Next planned immunization dates', and 'Comments'. At the bottom, there are 'Record' and 'Do not record' buttons.

1. Open Immunization Data Entry for a patient
2. Select the appropriate vaccine in the **Vaccine** field (Product tab)
3. Click **Record**
4. System prompts: “Do you want to update the Vaccine field on the Drug Card?”
  - **Yes:** Saves selection to Drug Card; auto-populates future immunizations
  - **No:** Applies only to current record; prompt repeats next time

### Changing an Existing Vaccine Type

1. Immunization Data Entry auto-populates the Vaccine field from the Drug Card
2. User modifies the vaccine type (if needed)
3. Click **Record**
4. System prompts: “The vaccine type has changed. Update the Drug Card?”
  - **Yes:** Updates Drug Card with new value

- **No:** Retains original Drug Card value; change applies only to current record

---

## Fee for Service Drug Card

### Administration Fees for Non-Publicly Funded Vaccines

#### Selecting an Administration Fee

When billing for a non-publicly funded vaccine, use the Administration fee field on the Administration tab to select the appropriate fee-for-service drug card.

#### Pre-loaded Fee Drug Cards:

The system includes standard administration fee drug cards:

**PDIN 00071111:** Patient Assessment Without APA

**PDIN 00081111:** Patient Assessment With APA

Note: PDIN = Pseudo Drug Identification Number

#### Vaccine-Specific Fee Drug Cards:

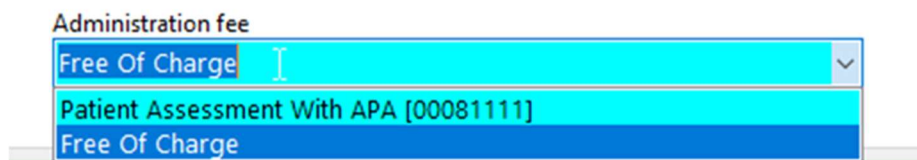
Some immunizations have designated fee drug cards, such as:

- DTaP Immunization Fee
- Prevnar 20 Immunization Fee

Consult your pharmacy's fee schedule or the Alberta Blue Cross resources for the complete list.

#### Free of Charge Option

To waive the administration fee (e.g., for promotional clinics or patient assistance programs), select "Free Of Charge" from the dropdown. This bypasses the fee billing process entirely.



The screenshot shows a dropdown menu titled "Administration fee". The selected option is "Free Of Charge", which is highlighted in red. Below it, two other options are visible: "Patient Assessment With APA [00081111]" and another "Free Of Charge" option.

#### Special Services Codes (SSC)

When submitting claims to the Alberta Public Health Activities Program (ABPHAP), the system may prompt you to enter a Special Services Code (SSC) corresponding to the clinical service provided.

#### When SSC is required:

- Specific immunization types designated by ABPHAP

- Enhanced clinical services (e.g., extended patient counseling)

**Where to find SSC information:** Refer to the Alberta Blue Cross Pharmacy Resources page for current SSC requirements and fee schedules: <https://www.ab.bluecross.ca/provider/type/pharmacy/resources.php>

## Processing Vaccines in Kroll when the Imm/ARI module is activated

### Overview

Kroll provides three methods for processing immunizations. With the activation of the Imm/ARI module, all three methods remain available with enhancements to ensure complete data submission to Imm/ARI and PIN.

### Available Processing Methods

1. **Kroll Immunization Module (Electronic Mode)** – Direct electronic data entry and submission
2. **Kroll Immunization Module (Paper Mode)** – Print– based workflow with subsequent electronic submission
3. **F12 Fill Screen** – Standard prescription filling workflow adapted for immunizations

### What Changed with Imm/ARI Activation




#### Automatic Network Submission

Previously, users were prompted to manually confirm network submission:

- **✗ Before:** “Send to the network?” prompt appeared
- **✗ Before:** “Record on network” checkbox required user selection



With Imm/ARI enabled:

-  **Now:** These prompts are disabled
-  **Now:** All immunizations automatically transmit to Imm/ARI and PIN
-  **Benefit:** Streamlined workflow, reduced manual steps, ensures compliance

## Enhanced Data Collection

Minor enhancements ensure all required fields are captured, documented, and transmitted to Imm/ARI.

---

## Using the Kroll Immunization Module

### Step 1: Select Immunization Type

When creating an immunization record on the patient card, select the immunization category:


- **Influenza** – Seasonal flu vaccines
- **Non-influenza** – All other vaccines (shingles, pneumonia, travel vaccines, etc.)
- **COVID-19** – COVID-19 vaccines and boosters

The system filters available products based on your selection.

### Step 2: Choose Processing Mode

Mode	Action	Workflow
Electronic Mode	Click <b>Perform Now</b>	Opens Immunization Data Entry screen for immediate electronic processing
Paper Mode	Click <b>Print Now</b>	Prints immunization record; complete electronic submission later

---

 **Note:** All patient examples in this guide use fictitious test data for demonstration purposes.

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## Filling a Non-Influenza Immunization (Electronic mode)

### Scenario Overview

#### Scenario 1: Fill a New Prescription

- **When to use:** Standard workflow for dispensing and administering immunization products.

- **Default option** when processing non-influenza immunizations

## Scenario 2: Use a Product Obtained Externally

- **When to use:** Patient brings a vaccine obtained from another pharmacy or provider
- **Requires:** Configuration option enabled (File > Configuration > Store > Rx > 8 - Immunization > " Allow use of non-influenza immunization products obtained externally")
- **Example scenarios:**
  - Patient brings vaccine dispensed by another pharmacy
  - The vaccine necessitates more than one dose and the patient must wait before the subsequent injection can occur.

## Scenario 1: Filling a New Prescription for an Immunization Product

### Step 1: Access the Patient Profile and Immunization Module

1. Press **F3** to search for and open the patient profile
2. In the right-hand ribbon under **View**, select **Immunizations**

The screenshot shows a medical software interface with a menu bar (File, Edit, Recent, Patient, View, Profile, Network, Reports, Utilities, NH, Cards, Session, Help, Version 10) and a toolbar (F3 - Patient, F5 - Drug, F7 - Doctor, F9 - Workflow, F11 - Drop-off, F12 - New Rx, Alt+X - Start). The main window is divided into several sections:

- Patient Information:** Last Name: Forest, First Name: Donald, Salutation: (dropdown), Birthdate: 01/01/1980, Age: 43 years, Gender: Male, Language: English, Height: (dropdown), Weight: (dropdown).
- Address:** Address 1, Address 2, City, Postal: T2G 2C7, Country: (dropdown), Email: (dropdown), Quick Code: (dropdown).
- Phone Numbers (1):** Description, Phone, Home.
- Family Doctor:** (dropdown), F2, Clear.
- Comments (0):** Topic, Comment.
- Plans (2):** SubPlan Code, Group ID, Client ID, Expiry.
 

SubPlan Code	Group ID	Client ID	Expiry
1 NET			
2 ABPHAP	0023464000		
- Allergies (0):** Add Drug, F2, Ins, Del.
- Medical Conditions (0):** F2, Ins, Del.
- Groups (0):** F2, Ins, Del.
- General:** Patient (Active), Alt. Last Name: (dropdown), Patient Type: Human, Deceased On: (dropdown), F2.
- Prescriptions:** Delivery Type: Default (Pickup), Delivery Route: (dropdown), Price Group: <None>, Drug line 1: Default, 2 Default.
- Consent:** Privacy: Unknown, Unit Dose: (dropdown), Cycle: (dropdown), Price Group: <Default> (<None>), Rx Totals: (dropdown), Rx Count: 1, Dollar value: \$16.40, Reset date: (dropdown), Reset.
- View:** Alternate Addresses, Appointments, Authorized Agents, Batches, Charting, Consents, Credit Cards, Documents (1), ERx Orders, History, **Immunizations (79)** (highlighted), Limited Use Items.

3. Press **N** (New Immunization) or click **Ins**

**Immunizations**

**N - New Immunization**    P - Print/Reprint    F - Claim Fee    C - Cancel Claim    Show Reversals (1) ☐    Extra Functions ▼

D - Pharmacist Declined    R - Patient Refused    W - Print Wallet Card

#	Type	Drug Name
	<None>	

Immunization

Type: Influenza

☐ Influenza

☐ Non-Influenza

☐ COVID19

Created ▼ Completed ▲

leted Yet

Ins

## Step 2: Select Immunization Type

1. In the Immunization Type window, select **Non-Influenza** from the dropdown
2. Click **Perform Now** to proceed to electronic data entry

*Immunization Type selection window*

Immunization

Type: Non-Influenza

☐ Non-Influenza

☐ Influenza

☐ COVID19

**Perform Now**    **Save for later**    **Cancel**

## Step 3: Rx Tab – Select Product

**Default Option:** “Fill a new Rx” appears in the **Rx Options** dropdown

1. Verify “Fill a new Rx” is selected
2. Select the **Product** from the dropdown
3. **Pack Size** and **UPC** fields auto-populate based on the drug card configuration
4. Click **Next**

### Rx tab with product selection

**Non-Influenza** Consent given by F2 Forest, Donald

Patient: Forest, Donald Address: [Blank]

Birth: 01/01/1980 43 years Male Plan: NET Client ID: [Blank] Phone: Home [Blank]

Allergies: [Blank] Conditions: [Blank]

Rx Emergency Contact Patient Consent

Rx Options: Fill a new Rx

Product: Engerix B 10mcg/0.5mL (Pack Size 1 ML) F5

PackSize: 1 ML

UPC: 062021676558

Save for Later Refuse Immunization Next

**Immunization**  
Print Wallet Card

**View**  
Patient Charting  
Patient Documents (1)  
Patient Immunizations (79)

**Profile**  
All Rxs  
Active Rxs  
Active Rxs w/Passtimes  
Pricing Profile  
Not Disp/OTC Profile

**Questions Language**  
English  
Français

 **Note:** If the UPC field is blank, you may need to configure it on the drug card.

### Step 4: Emergency Contact

Enter emergency contact information for the patient:

#### Option A: Manual Entry

- Type the contact name and details directly in the **Select Contact** field

#### Option B: Link to Existing Patient

- Click the **magnifying glass icon** to search the patient database
- Select an existing patient profile to use as the emergency contact

Click **Next** to proceed.

## Emergency Contact tab

Store 1 (Main) --1-(local):AB1028IMM-Patient - Forest, Donald

File Edit View Profile Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Non-Influenza** Consent given by F2 Forest, Donald

Patient Forest, Donald Address 123 Street

Birth 01/01/1980 43 years Male Plan NET Client ID Phone Home

Allergies Factor Ix Preparations Macrolide Antibiotics

Conditions

More (See Patient)

Rx Emergency Contact Patient Consent

Select Contact <Free-form> Save to Patient

Last Name Forest

First Name Susan

Relationship Spouse

Daytime Phone 555-5555 ext

Other Phone ext

Save for Later Refuse Immunization Next

User: MS (Monica Simpson) Netcare 0 04/10/2023 14:09:53

Immunization Print Wallet Card

View Patient Charting Patient Documents (0) Patient Immunizations (4)

Profile All Rxs Active Rxs Active Rxs w/Passtimes Pricing Profile Not Disp/OTC Profile

Questions Language English Français

**Note:** If the patient has an emergency contact saved on the Other tab of their patient card, the contact's information will pre-populate in the Emergency Contact fields. If there is more than one emergency contact linked to the patient profile, the user may select from the drop-down list where <Free-form> text appears.

File Edit Recent Patient View Profile Network Reports Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Forest, Donald** Modify OK Save Scan

Address 1 123 Street Address 2 City Prov MB Postal Country Canada Email Quick Code Family Dr F2 Clear

**Phone Numbers (1)** F2 Ins Del

Description	Phone
Home	(780) 567-3478

Birthdate 01/01/1980 Age 45 years Language English Sex Male Gender Pronouns PHN 496644000 Load Delete

**Comments (0)** F2 Ins Del

Topic	Comment
-------	---------

**Plans (2)** F2 Ins Del

SubPlan Code	Group ID	Client ID	Expiry
1 ESI		123654	
2 NET		496644000	

**Allergies (4)** Add Drug F2 Ins Del

Factor Ix Preparations
Macrolide Antibiotics
Penicillins
* Sulfa (Sulfonamide Antibiotics)

General Family **Nursing Home** Copays **Other** Ctrl

**Emergency Contacts (1)** F2 Ins Del




Name	Relationship	Daytime Phone	Other Phone
Forest, Sharon	Spouse	555-5555	

## Step 5: Patient Consent

### Complete the Consent Questionnaire

1. Answer all questions using the dropdown menus
2. All questions must be answered before the **Print Consent** button becomes enabled

## Patient Consent questionnaire

Non-Influenza				Consent given by F2 Forest, Donald	
Patient Forest, Donald			Address 123 Street		
Birth	01/01/1980	43 years	Male	Plan NET	Client ID
			Phone	Home	
Allergies			Conditions		
Factor Ix Preparations					
Macrolide Antibiotics					
More (See Patient)					
Rx	Emergency Contact	Patient Consent			
<p>Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones? No</p> <p>Have you travelled to any countries outside Canada (including the United States) within the last 14 days? No</p> <p>Did you provide care or have close contact with a person with confirmed COVID-19? No</p> <p>Are you allergic to any medications including vaccines? No</p> <p>Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin? No</p> <p>Have you ever had a severe, life threatening reaction to a past vaccination? No</p> <p>Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? No</p> <p>Are you allergic to latex gloves? No</p> <p>Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine? No</p> <p>Do you have a new or changing neurological disorder? No</p> <p>Do you take a blood thinner or have a bleeding disorder? No</p> <p>Pharmacist-Will you be administering a Live Vaccine? No</p>					
 Save for Later		 Refuse Immunization		 Print Consent	

### If Patient is Eligible:

1. Click **Print Consent**
2. The Immunization Report window appears
3. Click **Print** to generate the consent form
4. Have the patient/guardian and pharmacist sign the printed form
5. Proceed to scan the signed form back into Kroll

Immunization Record			
Test Pharmacy, 123 Any Street, Vancouver BC V6B 0M3 Phone: (647) 462-9587 Fax: (800) 263-0000			
<b>PATIENT INFORMATION</b>		<b>TRACKING #: 8147</b>	
First Name <b>Donald</b>	Last Name <b>Forest</b>	Gender <b>M</b>	DOB <b>01-Jan-1980</b>
Address <b>ON</b>		Health Card #	Phone Number
Emergency Contact <b>Scott Belfor</b>	Relationship to Patient <b>Sibling</b>	Contact's Phone Number	Contact's Other Phone Number
<b>SCREENING QUESTIONNAIRE</b>			
Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones?			<b>No</b>
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?			<b>No</b>
Did you provide care or have close contact with a person with confirmed COVID-19?			<b>No</b>
Are you allergic to any medications including vaccines?			<b>No</b>
Do you have an allergy to benzocaine, neomycin, gentamicin, thimerosal, chicken protein, polyribin or gelatin?			<b>No</b>
Have you ever had a severe, life threatening reaction to a past vaccination?			<b>No</b>
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine?			<b>No</b>
Are you allergic to latex gloves?			<b>No</b>
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine?			<b>No</b>
Do you have a new or changing neurological disorder?			<b>No</b>
Do you take a blood thinner or have a bleeding disorder?			<b>No</b>
Pharmacist-Will you be administering a Live Vaccine?			<b>No</b>
<b>CONSENT GIVEN BY PATIENT</b>			
<p>I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I agree to visit in the pharmacy for 15 minutes (time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and be a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat the reaction and that 9-1-1 will be called to provide additional assistance to the immune. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips. In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.</p> <p><input checked="" type="checkbox"/> I confirm that I want to receive <u>Twintix</u></p>			
Patient <b>Forest, Donald</b>		Patient Signature <i>ORIGINAL SIGNATURE ON FILE</i> Date Signed <b>18-Sep-2023</b>	
<b>PHARMACIST DECLARATION:</b> I confirm the above named patient is capable of providing consent for <u>Twintix</u> and that the <u>Twintix</u> should be given to patient.			
Pharmacist <b>Scott Belfor (96784)</b>		Pharmacist Signature <i>ORIGINAL SIGNATURE ON FILE</i> Date Signed <b>18-Sep-2023</b>	
<b>NON-INFLUENZA VACCINE</b>		<b>TRACKING #: 8147</b>	
Product <b>Twintix - DIN 02230578 (Pack Size 1 ML)</b>		Lot Number <b>23KV5</b>	
Route of Administration <b>Intramuscular</b>		Site of Administration <b>Left Deltoid</b>	
Date of Immunization <b>18-Sep-2023 14:10 Dose #: 1</b>		Administered By <i>[Signature]</i>	
Product Notation <b>1001016</b>	Fee Notation <b>1001017</b>	Scott Belfor (96784), Pharmacist 1 ML	
Comments			
<b>FOLLOW-UP/NEXT DOSE</b>			
Date	Reason For Follow-up	Comment	
25-Sep-2023	Follow-up - NextPlanned Dose		

If Patient is Ineligible:

1. The Patient Consent tab becomes read-only
2. Click **Refuse Immunization** and the immunization will not be recorded on PIN. Follow steps as outlined under the [Refused Immunizations](#) section.

## Step 6: Scan Consent

If a document scanner is detected:

Option	Description
Scan Patient Consent Form	Scan the signed consent form directly into the system
Select from Network Scan	Import a consent form already scanned into Kroll



Option	Description
Proceed without Scan	Continue without attaching the consent form

If no scanner is detected:

Option	Description
Select from File	Browse and import the consent form from your computer
Select from Network Scan	Import a consent form already scanned into Kroll
Proceed without Scan	Continue without attaching the consent form

Click **Next** after scanning or selecting an option.

*Scan Consent options*

## Step 7: Product Tab – Enter Product Details

Enter the following required fields:

Field	Description	Source
Disp Qty	Quantity dispensed	Manual entry
Lot Number	Vaccine lot number	From vaccine packaging
Expiry Date	Vaccine expiration date	From vaccine packaging
Vaccine	Vaccine type	Dropdown (pre-populated if configured on drug card)

Field	Description	Source
Manufacturer	Vaccine manufacturer	Dropdown or auto-populated

**Note:** All fields must be completed before the **Bill Product** button becomes enabled.

Click **Bill Product** to proceed to prescription filling.

*Product tab with required fields*

The screenshot shows the Netcare software interface for a patient named Forest, Donald. The 'F12 - New Rx' screen is active, and the 'Product' tab is selected. The form displays patient information, allergies, and vaccine details for Enderix B (Adult). The 'Bill Product' button is highlighted with a red box.

**Non-Influenza** Consent given by: F2 Forest, Donald

Patient: Forest, Donald Address: 123 Street  
 Birth: 01/01/1980 45 years Male Plan: NET Client ID: 496644000 Phone: Home (780) 567-3478  
 Allergies: Factor Ix Preparations, Macrolide Antibiotics  
 Conditions:   
 More (See Patient)

Rx Emergency Contact Patient Consent Product

Product: Enderix B (Adult) (Pack Size 0.5 ML)  
 Disp Qty: 0.5 ML DIN: 01919431 UPC: 770933319028  
 Route: Intramuscular  
 Lot Number: 12345  
 Expiry Date: 01/01/2026  
 Vaccine: Hepatitis B (HBV)  
 Manufacturer: Glaxo-SmithKline

\* Required Field

Save for Later Refuse Immunization Bill Product

User: MS (Monica Simpson) Netcare 14/11/2025 14:30:24

## Step 8: Bill Product – F12 Fill Screen

The F12 Fill Rx screen opens with information pre-populated from the Product tab.

**Doctor Card Auto-Population:**

**For Schedule 1 Immunizations (Prescription Required):**

- Pharmacists with **Additional Prescribing Authorization (APA)** flagged in their user profile (Edit > Users and Groups) can prescribe these immunizations.

**User Information**

Initials  First name  Last name

☐ Disabled Expires on

Type  Pharmacist ID

Employee Id  Pharmacist ID 2

Email  Mobile Phone

Password   
Case-sensitive

Confirm password   
Re-type password for verification

☐ Password never expires

☐ Force password change on next login

Netcare  
 User ID  ☐ Prescribing Authority

Netcare Username

Portal Username

**Groups (0)**

- The Doctor Card auto-populates with the pharmacist's prescriber information

#### For Schedule 2 Immunizations (No Prescription Required):

- The Doctor Card auto-populates appropriately

#### Complete the prescription:

1. Verify all information is correct
2. Process the prescription as normal
3. Upon completion, you return to the Immunization module Product tab. Click Next to proceed.

## F12 Fill screen for immunization product

The screenshot displays the 'F12 - Fill Rx' screen in the Netcare software. The interface is divided into several sections:

- Top Bar:** Includes menu options like File, Edit, Recent, Rx, View, Labels, Profile, Reports, Network, Utilities, NH, Cards, Session, Help, and Version 10. It also has tabs for F3 - Patient, F5 - Drug, F7 - Doctor, F9 - Workflow, F11 - Drop-off, F12 - Fill Rx, and Alt+X - Start.
- Patient Search:** Shows details for Forest, Donald, Age: 45, Male, Address: 123 Street, City: [blank], Phone: (780) 567-3478, Plan: ESI, Client ID: 123654.
- Drug Search:** Shows results for Enderix B (Adult), Generic: Hepatitis B Vaccine (Recombinant), Pack: 0.5 Form ML, Sched 2, Purch: \$0.00, OnHand 0, DIN: 01919431, Min Qty 0.
- Pharmacy Search:** Shows details for Ph. Simpson, Monica, Address: 12 Jasper Ave, City: Edmonton, Phone: (555) 555-1234, Lic#: 49u11, Alt. Lic#: 49u11.
- Allergies (4):** Factor Ix Preparations, Macrolide Antibiotics, Penicillins.
- Conditions (0):** More (See Patient).
- Pricing:** Shows various pricing details including Plan Pays, Extra Info (F2 Edits), and Deduct: \$0.00.
- Workflow Panel (Right):** Includes actions like Make Rx Unfilled, Make Rx Not Dispensed, Make Rx Stock Transfer, Adapt Rx, Add Rx Image, Transfer Rx From Another Store, Call Doctor, Counsel Patient on Pickup, Print Kroll Care, Owe Quantity, Clinical Interactions, Plan Information, Patient Plan Information, Generic Equivalents, Unit Dose Info, Work Order, and Rx Counseling History.

### Step 9: Locations

Verify and update location information:

#### Patient Address:

- Auto-populates from the patient profile
- **Province, Postal Code, and Country** are editable
- Check **Homeless** if applicable (makes all fields except Country read-only)

#### Store Address:

- Auto-populates from store configuration (File > Configuration > Store > General)
- **Province, Postal Code, and Country** are editable

Click **Next** to proceed.

# Locations tab

Store 1 (Main) --1- New Rx for Forest, Donald

File Edit Immunization View Profile Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Non-Influenza** Consent given by F2 Forest, Donald

Patient **Forest, Donald** Address **123 Street**

Birth **01/01/1980** 45 years Male Plan **NET** Client ID **496644000** Phone Home **(780) 567-3478**

Allergies **Factor Ix Preparations** Conditions

**Macrolide Antibiotics**

**More (See Patient)**

Rx Emergency Contact Patient Consent Product Locations Administration

Patient Address

Line 1 **123 Street**

Line 2

City Province \* **AB (Alberta)**

Postal Code \* **T2Z 4T4** Country \* **Canada**

☐ Homeless

Store Address

Line 1 **10025 100 Ave**

Line 2

City **Edmonton** Province \* **AB (Alberta)**

Postal Code \* **TSY 0E5** Country \* **Canada**

\* Required Field

**X Save for Later** **Refuse Immunization** **Next**

User: MS (Monica Simpson) Netcare 0 14/11/2025 14:36:03

**Immunization**

Select Doctors for Letter

Follow-ups (0)

Print Wallet Card

**View**

Patient Charting

Patient Documents (0)

Patient Immunizations (2)

**Profile**

All Rxs

Active Rxs

Active Rxs w/Passtimes

Pricing Profile

Not Disp/OTC Profile

**Questions Language**

Français

**English**

## Step 10: Administration

Enter the clinical administration details:

### Required Fields:

Field	Description	Options/Notes
<b>Date of admin</b>	Date vaccine was administered	Date picker
<b>Administered by</b>	Person who administered the vaccine	Dropdown from Edit > Users and Groups
<b>Administration site</b>	Body location of injection	Dropdown (e.g., Left deltoid, Right deltoid)
<b>Administration reason</b>	Reason for immunization	Dropdown (options vary by vaccine type)
<b>Administration fee</b>	Fee for service billing	Dropdown (see note below)

### Administration Fee Options:

 **Note:** This field only appears for non-publicly funded vaccines.

Select the appropriate fee-for-service drug card:

- **PDIN 00071111:** Patient Assessment Without APA
- **PDIN 00081111:** Patient Assessment With APA
- **Vaccine-specific fees:** (e.g., DTaP Immunization Fee, Pevnar 20 Immunization Fee)
- **Free Of Charge:** Waives the administration fee

Selecting a fee option triggers the F12 Fill screen to process the administration fee.

#### Optional Field:

- **Subsequent doses:** If the vaccine requires multiple doses, enter follow-up information

#### Administration tab

The screenshot displays the 'Administration' tab in the Netcare software. The patient information section shows 'Forest, Donald' with birth date '01/01/1980', age '45 years', gender 'Male', and plan 'NET'. The address is '123 Street' and the phone number is '(780) 567-3478'. The vaccine is 'Engerix B (Adult) (Pack Size 0.5 ML)' with a dispense quantity of '0.5 ML' and a route of 'Intramuscular'. The administration site is 'Left Arm - Upper' and the administration reason is 'Other risk'. The administration fee is set to 'Free Of Charge'. The next planned immunization dates are set for 'Dose d' and 'Series m'. The interface includes a 'Save for Later' button, a 'Refuse Immunization' button, and a 'Finalize Immunization' button. The user is identified as 'User: MS (Monica Simpson)' and the date and time are '14/11/2025 14:39:10'.

#### Immunization Follow-up

Under Next planned immunization dates, click the person icon far right on the Dose field. This allows the user to decide if they want to follow-up with the patient and create an appointment after the original immunization has occurred.

Store 1 (Main) --1 -- New Rx for Forest, Donald

File Edit Immunization View Profile Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

### Non-Influenza

Consent given by: F2 Forest, Donald

Patient: Forest, Donald Address: 123 Street

Birth: 01/01/1980 45 years Male Plan: NET Client ID: 496644000 Phone: Home (780) 567-3478

Allergies: Factor Ix Preparations, Macrolide Antibiotics

Conditions:

More (See Patient)

Rx Emergency Contact Patient Consent Product Locations Administration

Product: Engerix B (Adult) (Pack Size 0.5 ML)

Disp Qty: 0.5 ML DIN: 01919431 UPC: 770933319028

Route: Intramuscular

Date of admin \*: 14/11/2025 14:24 Administered by \*: Monica Simpson (MS)

Administration site \*: Left Arm - Upper Vaccine dose number: 1

Administration reason \*: Other risk

Administration fee: Free Of Charge

\* Required Field

Next planned immunization dates

Dose: d = Series: m =

Comments

Save for Later Refuse Immunization Finalize Immunization

User: MS (Monica Simpson) Netcare 14/11/2025 14:39:10

Immunization

Select Doctors for Letter

Follow-ups (0)

Print Wallet Card

View

Patient Charting

Patient Documents (0)

Patient Immunizations (2)

Profile

All Rxs

Active Rxs

Active Rxs w/Passtimes

Pricing Profile

Not Disp/OTC Profile

Questions Language

Français

English

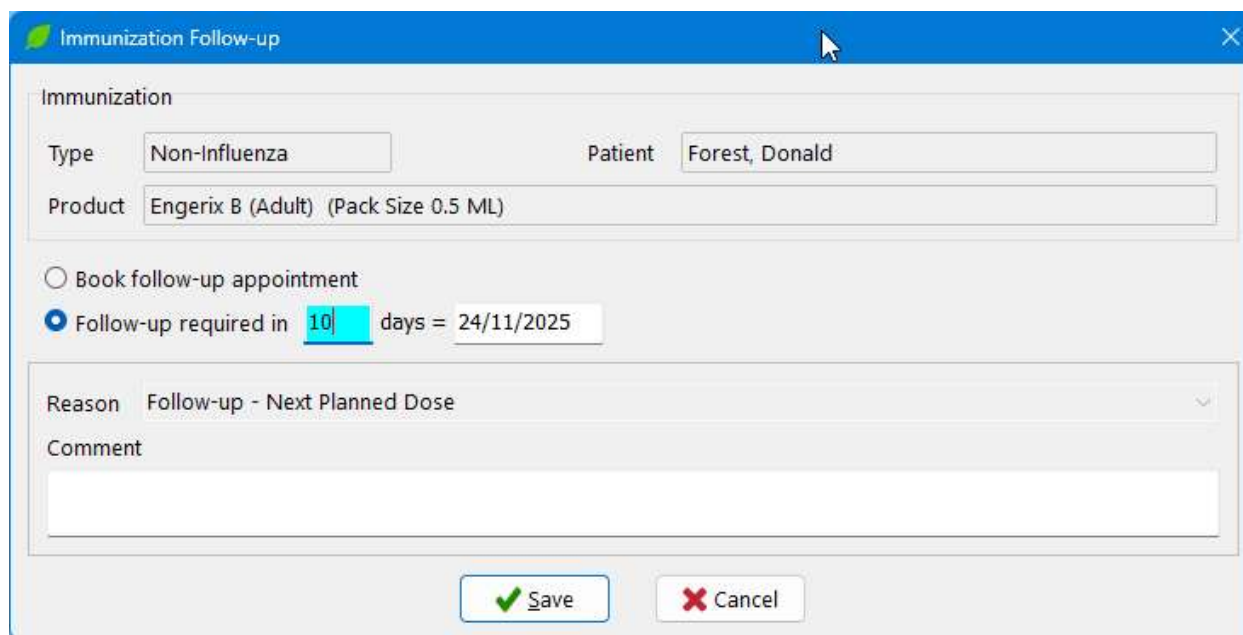
The Immunization Follow-up screen will display.

Option	Description
Book follow-up appointment	Opens the Calendar to create an appointment
Follow-up required in _ days	Creates a To-Do entry in F9-Workflow for the specified number of days in the future

Click **Save** and then **Finalize Immunization**.



### Immunization Follow-up prompt



The dialog box is titled "Immunization Follow-up" and contains the following fields and options:

- Immunization Type:** Non-Influenza
- Patient:** Forest, Donald
- Product:** Engerix B (Adult) (Pack Size 0.5 ML)
- Options:**
  - ☐ Book follow-up appointment
  - ☒ Follow-up required in **10** days = 24/11/2025
- Reason:** Follow-up - Next Planned Dose
- Comment:** (Empty text area)
- Buttons:** Save (with green checkmark icon) and Cancel (with red X icon)

The Immunization is sent and recorded on Imm/ARI in the background.

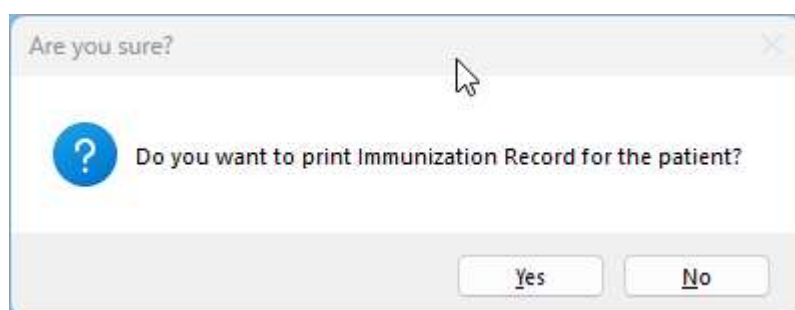
---

### Step 12: Print Immunization Record

A prompt appears: "Do you want to print Immunization Record for the patient?"

- **Yes:** Prints the immunization record for the patient
- **No:** Saves without printing (can be printed later)

### Print confirmation prompt



The dialog box is titled "Are you sure?" and contains the following elements:

- Question:** Do you want to print Immunization Record for the patient?
- Buttons:** Yes and No

The Immunization Wallet Card selection window appears if there is a planned next dose and the user can pick which immunization type and then **Print**.



Immunization Wallet Card Selection

Show Immunizations

☒ Most recent series
 ☐ Since Date 14/11/2025
 ☐ All

Immunization Type

☐ COVID  
☐ Influenza  
☒ Non Influenza  
☐ Therapeutic

Print Cancel

**Kroll Pharmacy** (555) 555-1234  
 10025-100 Street NW, Edmonton AB  
 T2Z 4J2 www.kroll.ca

Forest, Donald DOB: 01-Jan-1980

**IMMUNIZATION RECORD**

14-Nov-2025	Engerix B (Adult)	
Dose#1	Next Dose: 24-Nov-2025	Lot: 12345

---

**Step 13: Bill Administration Fee (if applicable)**

If an administration fee was selected, the F12 Fill screen opens:

- **Sig** auto-populates with "Non-Influenza"
- **Clinical plan** is removed
- Fee-for-service drug card is pre-populated

Complete the prescription filling process.

## F12 Fill screen for administration fee

File Edit Recent Rx View Labels Profile Reports Network Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - Fill Rx Alt+X - Start

**New Rx Pending Adj** Rx Start Date 04/10/2023 Latest Fill 0 Qty Init

Priority Default Wait Time F2 Due in 19 mins Fill Rx F2 Work Order 8088 F2 Delivery Pickup

**Patient Search** Name Forest, Donald Age: 43 Address 123 Street Male City Prov MB Phone Home Plan ESI Client ID 123654

**Drug Search** 1 Pack Dgc Search Loc Office

Brand Patient Assessment With APA Generic Alberta Clinical Pharmacy Services Pack 1 Form Sched 1 No image

Purch OnHand 0 Min Qty 0

DIN 00081111

Sig Non-Influenza

NON-INFLUENZA

Init MS Auth Qty 1 1

Disp Qty 1 Rem Qty 1 1

Days 1 G.P. % 100

Prod Sel 3 - Pharmacia Acq Cost \$0.00

O/W Written Cost \$10.00

Labels 1 F2 Markup \$5.00

Fee \$8.00

Total \$23.00

**Allergies (4)** Factor Ix Preparations Macrolide Antibiotics

**Conditions (0)** More (See Patient)

**Plans Pricing Dates Comments Indications Images Other**

Rx Plans Plan Pays Extra Info (F2 Edits)

Cash 23.00 Deduct: \$23.00

(More Plans Available)

Next Disp Qty Min Interval Days Max Disp Qty Enable Auto-Refill

Comments

**Unit Dose (Ctrl-U): Disabled**

⚠ The clinical plan was removed for this fee for service

📌 Rx will expire on 2025-Apr-03 (547 days from written date)

📌 To Do: Non-Influenza

📌 This is a Fee for Service Prescription

📌 Delivery Label will be printed

📌 Drg Pack Tier Id: 1

User: MS (Monica Simpson) Netcare 0 04/10/2023 14:54:07

**Rx**

Add Rx Image

Transfer Rx From Another Store

Call Doctor

Counsel Patient on Pickup

**View**

Clinical Interactions

Patient Plan Information

Generic Equivalents

Unit Dose Info

Work Order

Rx Counseling History

**Workflow**

Send Rx to Trouble

View Workflow Detail

**Workflow Push Queues**

Rx's In Progress

Input

Packaging

Pharmacist Verification

## Viewing and Reprinting Immunization Records

To view a completed immunization:

1. Open the patient's **Immunizations** module
2. Highlight the immunization record
3. Press **F2** to open the Immunization View

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Show ☐ Reversals


Extra Functions ▼

Items (2)

F2

Ins

De

#	Type	Drug Name	Status	Product Status	Fee Status	Created ▼	Completed
63	Non-Influenza	 Engerix B (Adult)	Completed	Claimed	No Fee Applicable	14/11/2025	14/11/2025
62	Non-Influenza	Twinrix	Patient Consent Scan Skipped	Not Completed Yet	Not Completed Yet	14/11/2025	

Immunization View Tabs:

Immunization Tab:

- Contains 5 sub-tabs showing all data entered during the workflow
- Click **Print** to reprint the immunization record
- Choose **Print** or **Preview**

**Immunization View - Forest, Donald**

**Non-Influenza** Close

Created	14/11/2025 14:25:55	Status	Completed	Product Status	Claimed	Product Rx	661710
Started	14/11/2025 14:24:51			Fee Status	No Fee Applicable	Fee Rx	N/A
Completed	14/11/2025 14:55:27	by	Monica Simpson	Consent given by	Forest, Donald		

Patient	Forest, Donald				Address	123 Street	
Birth	01/01/1980	45 years	Male	Plan	NET	Client ID	496644000
						Phone	Home (780) 567-3478

☒ Record on network

Immunization View Signature Print

Rx Emergency Contact Patient Consent Product Locations Administration

Rx Options Fill a new Rx

Product Engerix B (Adult) (Pack Size 0.5 ML)

PackSize 0.5

UPC 770933319028

#### Documents Tab:

- Displays the scanned patient consent form
- Click the **Printer icon** to reprint the consent form

*Immunization View window*

Immunization View - Forest, Donald

## Non-Influenza

**Close**

Created	11/12/2023 11:37:29	Status	Completed	Product Status	Claimed	Product Rx	1000025
Started	11/12/2023 11:37:26			Fee Status	Claimed	Fee Rx	1000026
Completed	11/12/2023 11:40:31	by	Scott Belfer	Consent given by	Forest, Donald		

Patient	Forest, Donald			Address	123 Any Street		
Birth	25/09/1973	50 years	Male	Plan	Client ID	Phone	Cell (780) 555-2204

Immunization **Documents**

11/12/2023 11:47

Zoom 105%

Pharmacist-Will you be administering a Live Vaccine? **No**

### CONSENT GIVEN BY PATIENT

I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips. In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

☒ I confirm that I want to receive **Twinrix**

Patient	Patient Signature	Date Signed
Forest, Donald	<i>[Signature]</i>	11-Dec-2023

**PHARMACIST DECLARATION** I confirm the above named patient is capable of providing consent for **Twinrix** and that the **Twinrix** should be given to patient.

Pharmacist	Pharmacist Signature	Date Signed
Scott Belfer (17713)	<i>[Signature]</i>	11-Dec-2023

#### Alternative Method:

- Highlight the immunization in the Immunization History screen
- Press P (Print/Reprint)

File Edit Recent Patient View Profile Network Reports Utilities NH Cards Session Help Version 10

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Forest, Donald** Modify OK Save Cancel

Address 1 123 Street Phone Numbers (1) F2 Ins Del Birthdate 01/01/1980  
 Address 2 Description Phone Age 45 years  
 City Prov MB Language English  
 Postal Country Canada Sex Male  
 Email Send Gender  
 Quick Code Height Pronouns  
 Family Dr F2 Clear Weight PHN 496644000 Edit

**Immunizations**

N - New Immunization P - Print/Reprint F - Claim Fee C - Cancel Claim Show Reversals Extra Functions  
 D - Pharmacist Declined R - Patient Refused W - Print Wallet Card

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
3	Non-Influenza	Engerix B (Adult)	Completed	Claimed	No Fee Applicable		
2	Non-Influenza	Twinrix	Patient Consent Scan Skipped	Not Completed Yet	Not Completed Yet		

New Immunization N  
 Add Epinephrine shot  
 Print/Reprint P  
 Claim Fee F  
 Cancel Claim C  
 Pharmacist Declined D  
 Patient Refused R  
 Print Doctor Letter  
 View Doctor Letter History  
 View Details

Profile  
 All Rx's  
 Active Rx's  
 Active Rx's w/Passtimes  
 Refillable Rx's  
 Pricing Profile  
 Not Disp./OTC Rx's  
 Rx's Filled in Error  
 Suspended Rx's  
 Transactions  
 Perform Clinical Analysis

View  
 Alternate Addresses  
 Appointments

## Scenario 2: Performing an Immunization for a Product Obtained Externally

**When to Use:** Patient brings a vaccine obtained from another pharmacy, clinic, or provider.

### Prerequisites:

- Configuration option must be enabled: File > Configuration > Store > Rx > 8 – Immunization
- Enable “Allow use of non-influenza immunization products obtained externally”

## Workflow Overview

The workflow is similar to Scenario 1 with these key differences:

- Select “Use a Product obtained externally” in the Rx Options dropdown
- The prescription is flagged as “Not Dispensed”
- The immunization still transmits to Imm/ARI

## Step-by-Step Instructions

### Step 1: Access Immunization Module

- Open the patient card
- Select **Immunizations** in the right-hand ribbon

3. Press **Ins** (or **N** for New Immunization)
4. Select **Non-Influenza**
5. Click **Perform Now**

### Immunization Type selection

File Edit Recent Patient View Profile Network Reports Utilities NH Cards Session Help Version 10 Logging

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

Last Name: Forest First Name: Donald Salutation: [v] Changed Save Cancel

Address 1: 123 Street Address 2: Phone Numbers (1) Description: Phone: (780) 567-3478 Birthdate: 01/01/1980 Age: 44 years Gender: Male Language: English

City: [v] Prov: MB Postal: [v] Country: Canada Email: [v] Send Family Doctor: [v] Height: [v] Weight: [v] Load Delete

Quick Code: [v]

**Immunizations**

N - New Immunization P - Print/Reprint F - Claim Fee C - Cancel Claim Show Reversals (2) Extra Functions

D - Pharmacist Declined R - Patient Refused W - Print Wallet Card

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
154	Influenza	Afluria Tetra	Pending	Not Completed Yet	Not Completed Yet	18/07/2023	

Immunization

Type: Non-influenza

Perform Now Save for later Cancel

User: MS (Monica Simpson) Netcare 1 12/02/2024 20:34:48

### Step 2: Rx Tab – Select External Product

1. Under **Rx Options**, select **Use a Product obtained externally**
2. Select the **Product** from the dropdown
3. Click **Next**



*Rx Options with "Use a Product obtained externally" selected*

File Edit View Profile Utilities NH Cards Session Help Version 10 **Logging**

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Non-Influenza** Consent given by F2 **Forest, Donald**

Patient **Forest, Donald** Address **123 Street**

Birth **01/01/1980** **44 years** **Male** Plan **NET** Client ID **496644000** Phone **Home** **(780) 567-3478**

Allergies **Factor Ix Preparations**  
**Macrolide Antibiotics**

Conditions

**More (See Patient)**

Rx Emergency Contact Patient Consent


Rx Options **Use a product obtained externally**

**Product** **Bexsero Vaccine (Pack Size 1 ML)** F5

PackSize **1 ML**

UPC **063601046833**

**X Save for Later** **Refuse Immunization** **Next**

 **Note:** This option only appears if the configuration setting is enabled.

### Step 3: Emergency Contact

Enter emergency contact information (same as Scenario 1).

Click **Next**.

### Emergency Contact tab

Non-Influenza				Consent given by F2 Forest, Donald	
Patient	Forest, Donald			Address	123 Street
Birth	01/01/1980	44 years	Male	Plan	NET
				Client ID	496644000
				Phone	Home (780) 567-3478
Allergies			Conditions		
Factor Ix Preparations Macrolide Antibiotics					
More (See Patient)					
<div>Rx   Emergency Contact   Patient Consent</div>					
<div>Select Contact   Kent, Sam   Save to Patient</div>					
Last Name   Kent					
First Name   Sam					
Relationship   Neighbour					
Daytime Phone   (555) 555-5555 ext					
Other Phone   ext					
<div>Save for Later   Refuse Immunization   Next</div>					

### Step 4: Patient Consent

1. Complete the consent questionnaire
2. Click **Print Consent**
3. Have the patient/guardian and pharmacist sign the form

Click **Next**.



## Patient Consent tab

Store 1 (Main) --1-(local):AB1029Imm-Patient - Forest, Donald

File Edit View Profile Utilities NH Cards Session Help Version 10 **Logging**

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

### Non-Influenza

Consent given by **F2 Forest, Donald**

Patient **Forest, Donald** Address **123 Street**

Birth **01/01/1980 44 years Male** Plan **NET** Client ID **496644000** Phone **Home (780) 567-3478**

Allergies **Factor Ix Preparations** **Macrolide Antibiotics** Conditions

**More (See Patient)**

Rx Emergency Contact Patient Consent

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones? **No**

Have you travelled to any countries outside Canada (including the United States) within the last 14 days? **No**

Did you provide care or have close contact with a person with confirmed COVID-19? **No**

Are you allergic to any medications including vaccines? **No**

Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin? **No**

Have you ever had a severe, life threatening reaction to a past vaccination? **No**

Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine? **No**

Are you allergic to latex gloves? **No**

Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine? **No**

Do you have a new or changing neurological disorder? **No**

Do you take a blood thinner or have a bleeding disorder? **No**

Pharmacist-Will you be administering a Live Vaccine? **No**

**Save for Later** **Refuse Immunization** **Print Consent**

User: MS (Monica Simpson) Netcare 1 12/02/2024 20:47:08

**Immunization**  
Print Wallet Card

**View**  
Patient Charting  
Patient Documents (0)  
Patient Immunizations (4)

**Profile**  
All Rxs  
Active Rxs  
Active Rxs w/Passtimes  
Pricing Profile  
Not Disp/OTC Profile

**Questions Language**  
**English**  
Français

### Step 5: Scan Consent

Choose a scan option to attach the signed consent form.

Click **Next**.

**Non-Influenza** Consent given by F2 Forest, Donald

Patient: <b>Forest, Donald</b>				Address: <b>123 Street</b>	
Birth: <b>01/01/1980</b>	<b>44 years</b>	<b>Male</b>	Plan: <b>NET</b>	Client ID: <b>496644000</b>	Phone: <b>Home</b> <b>(780) 567-3478</b>

Allergies: **Factor Ix Preparations**  
**Macrolide Antibiotics**

Conditions:

More (See Patient)

Rx Emergency Contact Patient Consent Scan Consent

Please Sign and Scan Consent Form

Select from File

Select from Network Scan

Proceed without Scan

X Save for Later
Refuse Immunization
Next

User: MS (Monica Simpson) Netcare 1

Scan Consent options

### Step 6: Product Tab

Enter the required product details:

- Disp Qty
- Lot Number
- Expiry Date
- Vaccine
- Manufacturer

Click **Bill Product**.

Product tab for externally obtained product

File Edit Immunization View Profile Utilities NH Cards Session Help Version 10 [Logging](#)

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Non-Influenza** Consent given by F2 **Forest, Donald**

Patient **Forest, Donald** Address **123 Street**

Birth **01/01/1980** **44 years** **Male** Plan **NET** Client ID **496644000** Phone **Home** **(780) 567-3478**

Allergies **Factor Ix Preparations**  
**Macrolide Antibiotics** Conditions

[More \(See Patient\)](#)

Rx Emergency Contact Patient Consent **Product**

Product\* **Bexsero Vaccine (Pack Size 1 ML)**

Disp Qty\* **1** **ML** DIN **02417030** UPC **063601046833**

Route\* **Intramuscular**

Lot Number\* **1234**

Expiry Date\* **31/12/2024**

Vaccine\* **Meningococcal B (4C, OMV recombinant absorbed)**

Manufacturer\* **Novartis**

\* Required Field

[X Save for Later](#) [Refuse Immunization](#) [Bill Product](#)

### Step 7: Bill Product – Not Dispensed Prescription

The F12 Fill screen opens with the immunization product flagged as **Not Dispensed**.

**Key Difference:** The product is not actually dispensed by your pharmacy, so inventory is not affected.

Complete the adjudication process.

F12 Fill screen showing "Not Dispensed" flag

File Edit Recent Rx View Labels Profile Reports Network Utilities NH Cards Session Help Version 10 1. Logging

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - Fill Rx Alt+X - Start

**New Rx** Not Disp. Rx Start Date 12/02/2024 Latest Fill 0 Qty Init Lookup Cancel

Priority Default Wait Time F2 Due in 19 mins Fill Rx F2 Work Order 8081 F2 Delivery Pickup

<b>Patient Search</b> Name Forest, Donald Age: 44 Address 123 Street Male City Prov MB Phone Home (780) 567-3478 Plan ESI Client ID 123654	<b>Drug Search</b> Brand Bexsero Vaccine Generic NOV (No Pack 1 Form ML Sched 2 Purch \$111.10 OnHand 0 No image DIN 02417030 Min Qty 0	<b>Dgc Search</b> Name Ph. Simpson, Monica Address 12 Jasper Ave City Edmonton Prov AB Phone (555) 555-1234 Lic# 49u11 Alt. Lic# 49u11
---	--	---

Allergies (4)  
 Factor Ix Preparations  
 Macrolide Antibiotics  
 Conditions (0) More (See Patient)

Sig Non-Influenza  
 NON-INFLUENZA  
 Route of Admin Intramuscular  
 Dosage Form Syringe (mL)

Init MS Auth Qty 1 1  
 Disp Qty 1 mL Rem Qty 1 1  
 Days 1 G.P. % 0  
 Prod Sel 3 - Pharmacia Acq Cost \$0.00  
 O/W Written Cost \$0.00  
 Labels 1 F2 Markup \$0.00  
 Fee \$0.00  
 Total \$0.00

Plans Pricing Dates Comments Indications Images Other  
 Rx Plans Plan Pays Extra Info (F2 Edits)  
 ESI Not Adj.  
 NET Not Adj. DUE Only  
 Cash Not Adj. Deduct: \$0.00

Next Disp Qty Min Interval Days Max Disp Qty  
 Comments

Unit Dose (Ctrl-U): Disabled  
⚠ Rx is 'Not Dispensed'  
 Rx will expire on 2025-Aug-12 (547 days from written date)  
 To Do: Non-Influenza  
 Delivery Label will be printed

User: MS (Monica Simpson) Netcare 1 12/02/2024 21:04:22

**Rx**  
 Make Rx Unfilled  
 Make Rx Not Dispensed  
 Make Rx Stock Transfer  
 Adapt Rx  
 Add Rx Image  
 Transfer Rx From Another ...  
 Call Doctor  
 Counsel Patient on Pickup  
 Print Kroll Care  
**View**  
 Clinical Interactions  
 Plan Information  
 Patient Plan Information  
 Generic Equivalents  
 Unit Dose Info  
 Work Order  
 Rx Counseling History  
**Workflow**  
 Send Rx to Trouble  
 View Workflow Detail  
**Workflow Push Queues**  
 Rx's In Progress  
 Input  
 Packaging  
 Pharmacist Verification

## Step 8: Administration Tab

Enter the administration details (same as Scenario 1):

- Date of admin
- Administered by
- Administration site
- Administration reason
- Administration fee (if applicable)

Click **Finalize Immunization**.

The immunization is transmitted to Imm/ARI.

Administration tab

Store 1 (Main) --1-(local):AB1029Imm-Patient - Forest, Donald

File Edit Immunization View Profile Utilities NH Cards Session Help Version 10 Logging

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - New Rx Alt+X - Start

**Non-Influenza** Consent given by **Forest, Donald** F2

Patient **Forest, Donald** Address **123 Street**  
Birth **01/01/1980** **44 years** **Male** Plan **NET** Client ID **496644000** Phone **Home** **(780) 567-3478**

Allergies **Factor Ix Preparations**  
**Macrolide Antibiotics**  
**More (See Patient)**

Conditions

Rx Emergency Contact Patient Consent Product Locations Administration

Product **Bexsero Vaccine (Pack Size 1 ML)**  
Disp Qty **1** **ML** DIN **02417030** UPC **063601046833**  
Route **Intramuscular**

Date of admin \* **13/02/2024** **20:29** Administered by \* **Monica Simpson (MS)**  
Administration site \* **Left Arm - Lower** Vaccine dose number **1**  
Administration reason \* **Non provincially funded**  
Administration fee **Free Of Charge**

Next planned immunization dates  
Dose **d =** **dd/mm/yyyy**  
Series **m =** **dd/mm/yyyy**

Comments

**X Save for Later** **Refuse Immunization** **Finalize Immunization**

User: MS (Monica Simpson) Netcare 0 15/02/2024 11:50:11

**Immunization**  
Select Doctors for Letter  
Follow-ups (0)  
Print Wallet Card  
View  
Patient Charting  
Patient Documents (0)  
Patient Immunizations (4)  
Profile  
All Rxs  
Active Rxs  
Active Rxs w/Passtimes  
Pricing Profile  
Not Disp/OTC Profile  
Questions Language  
English  
Français

Step 9: Verify Submission

In the Immunizations Module:

- The record shows the immunization was obtained externally and uploaded to Imm/ARI  
*Immunization History showing externally obtained product*

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

Show Reversals (2)

Extra Functions ▼

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Items (2)

#

Type

Drug Name

Status

Product Status

Fee Status

Created ▼

Comp ▲

1

Non-Influenza

Bexsero Vaccine

Completed

External

No Fee Applicable

12/02/2024

15/02/2024

1

Influenza

Afluria Tetra

Patient Consent Scan Skipped

Not Completed Yet

No Fee Applicable

18/07/2023

On the Network Patient Profile:

- Shows the non-influenza immunization product as **Other Medication/Not Disp.**
- Immunizations** tab: Shows the immunization recorded on Imm/ARI

### Network Patient Profile showing externally obtained immunization

(Network) Patient Profile

Patient: **Forest, Donald** Male DOB: **01-Jan-1980** PHN: **496644000** Last updated: **1m ago**

Profile (13) Allergies (7) Immunizations (3) Notes

Status: (All) Order Type: (All) ☐ Advanced ☒ Filter ☐ Reset

DATA	Last Filled	Picked Up	Status	Doctor	Code	Netcare Order	Order Date
	Last Qty	Drug			Stop Date	Manufacturer	Local
		Directions				Fillable	Auth Rem
NETWORK	OM	Other Medication	Completed	Richard, Bill		0000J7M1	13-Feb-2024
	Not Disp	<b>TWINRIX ADULT VACCINE</b>			<b>02230578</b>	SKB	Yes
		Qty: 1. NON-INFLUENZA					
SYNOPSIS	OM	Other Medication	Completed	Simpson, Monica		0000J7D4	12-Feb-2024
	Not Disp	<b>BEXSERO VACCINE SYRINGE</b>			<b>02417030</b>	NOV	Yes
		Qty: 1. NON-INFLUENZA					

Detail Extra Functions Cancel OK

(Network) Patient Profile

Patient: **Forest, Donald** Male DOB: **01-Jan-1980** PHN: **496644000** Last updated: **3 mins ago**

Profile (16) Allergies (7) Immunizations (6)

DATA	Vaccine	Adv Reac	Refused	Status	Date
	Comment			Effective	Local
NETWORK	<b>Hepatitis B</b>	No	No	Completed	14-Nov-2025
		Yes			Yes
NETWORK	<b>Meningococcal B (4C, OMV recombinant, absorbed) Bexsero</b>	No	No	Completed	13-Feb-2024
		Yes			Yes
NETWORK	<b>Shingles Inactivated</b>	No	No	Completed	27-Feb-2024
		Yes			Yes
NETWORK	<b>Respiratory Syncytial Virus Monoclonal</b>	No	No	Completed	20-Jul-2024
		Yes			Yes
NETWORK	<b>Respiratory Syncytial Virus Monoclonal</b>	No	No	Completed	28-Oct-2023
		Yes			Yes
NETWORK	<b>Hepatitis A and B</b>	No	No	Completed	04-Oct-2023
		Yes			Yes

Detail Extra Functions Cancel OK


## Recording Emergency Epinephrine Shots (Electronic mode)

Record an epinephrine injection when:

- A patient experiences an adverse reaction to an immunization
- Epinephrine was administered as emergency treatment



- The immunization record is already completed in Kroll

 **Note:** The epinephrine administration is linked to the specific immunization that caused the reaction and is reported to Imm/ARI.

## Prerequisites

Before using this feature, ensure:

- ✓ Epinephrine products are configured in Kroll drug cards
- ✓ The original immunization record is completed in Kroll

## Step-by-Step Documentation Procedure

### Step 1: Access the Patient Profile

1. Press **F3** to search for and open the patient card
2. In the right-hand ribbon under **View**, select **Immunizations**

### Step 2: Link Epinephrine to the Immunization Record

1. Locate the immunization record that caused the adverse reaction
2. **Right-click** on the immunization record
3. Select **Add Epinephrine shot**

*Right-click menu with "Add Epinephrine shot" option*

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

Show Reversals (97)

Extra Functions

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Items (12)

F2

Ins

De

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
1155	Non-Influenza	Twinrix	Completed	Claimed	No Fee		
1153	Emergency Epinephrine	Epipen	Completed	Claimed	No Fee		
1152	Non-Influenza	Immunex Pediatric Vaccine	Completed	Claimed	No Fee		

New Immunization

Add Epinephrine shot

N

**Important:** Select the specific immunization that triggered the adverse reaction. The Epinephrine administration will be linked to this record.

### Step 3: Product Tab – Select Epinephrine Product

The Emergency Epinephrine window opens on the **Product** tab.

1. Select the epinephrine product from the dropdown

- Example: EpiPen, EpiPen Jr., or epinephrine injection

Epipen 1mg/mL (Pack Size 1 PEN)	▼
Allerject 0.15mg/0.15mL (Pack Size 1 PEN)	
Allerject 0.3mg/0.3mL (Pack Size 1 PEN)	
Epinephrine Injection 1mg/mL (Pack Size 1 ML)	
Epipen 1mg/mL (Pack Size 1 PEN)	
Epipen Jr 0.5mg/mL (Pack Size 1 PEN)	

2. Complete the required fields:

Field	Description	Example
Disp Qty	Quantity administered	1
Route	Administration route	Intramuscular (IM), Subcutaneous (SC)
Lot Number	Product lot number	From epinephrine packaging
Expiry Date	Product expiration date	From epinephrine packaging

3. Click **Next**

#### Emergency Epinephrine Product tab

**Emergency Epinephrine**

Patient Forest, Donald

Address

Birth 01/01/1980 43 years Male Plan NET

Client ID

Phone Home

Allergies

Conditions

Product Administration

Product\* Epipen 1mg/mL (Pack Size 1 PEN)

Disp Qty\* 1 PEN DIN 00509558 UPC 625813001213

Route\* Intramuscular

Lot Number\* 12345

Expiry Date\* 01/01/2025

\* Required Field

Save for Later

Refuse Immunization

Next

 **Note:** All fields must be completed before you can proceed.

#### Step 4: Administration Tab – Record Administration Details



The **Administration** tab displays with the **Date of admin** pre-populate with the current date and time.

1. Select **Administered by** from the dropdown
  - Choose the healthcare provider who administered the epinephrine
2. Select **Administration site** from the dropdown
  - Choose the injection location (e.g., Left thigh, Right thigh, Left deltoid)
3. Click **Finalize Immunization**

#### *Emergency Epinephrine Administration tab*

**Emergency Epinephrine**

Patient: <b>Forest, Donald</b>		Address:	
Birth: <b>01/01/1980</b>   <b>43 years</b>	<b>Male</b>   Plan: <b>NET</b>	Client ID:	Phone: <b>Home</b>
Allergies:		Conditions:	

Product
Administration

Product: **Epipen 1mg/mL (Pack Size 1 PEN)**

Disp Qty: **1** | **PEN** | DIN: **00509558** | UPC: **625813001213**

Route: **Intramuscular**

Date of admin: **02/09/2023** | **13:50**

Administered by: **Bill Richard (KP)**

Administration site: **Right Leg (Right vastus lateralis)**

\* Required Field

Comments

**✖ Save for Later**
**Refuse Immunization**
**Finalize Immunization**

### Step 5: Immunization Follow-up

The Immunization Follow-up window appears.

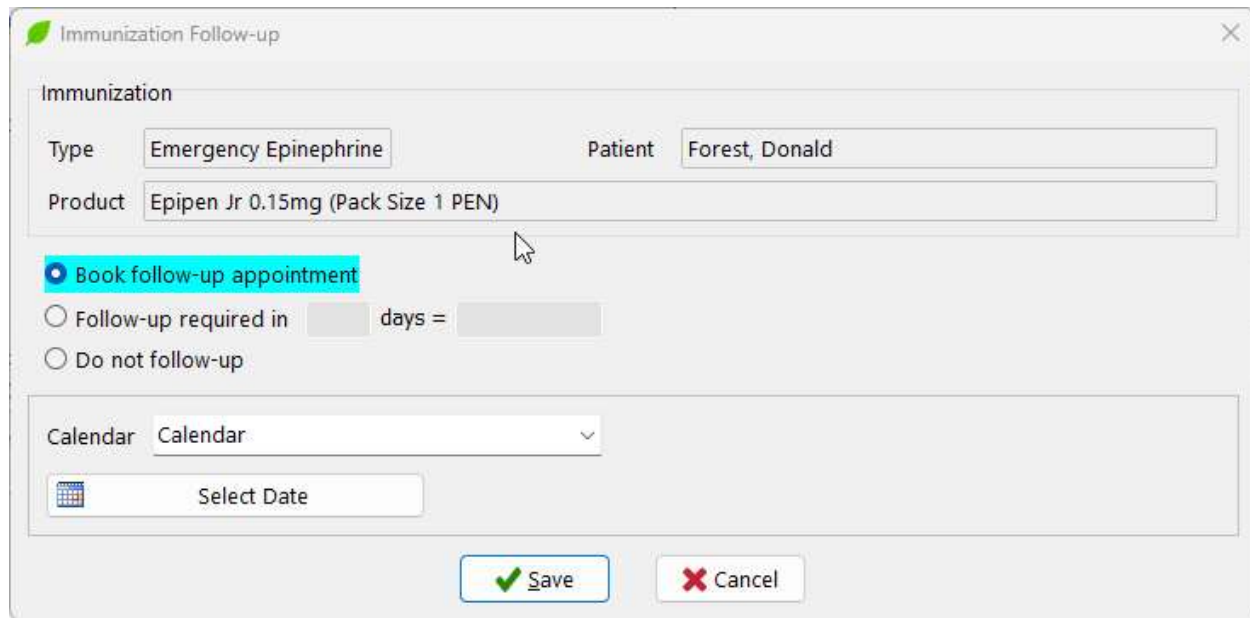
Select the appropriate option:

Option	When to Use
Book follow-up appointment	Schedule a follow-up visit to monitor the patient
Follow-up required in __ days	Create a reminder for follow-up contact
Do no follow-up	No automated follow-up needed (not recommended for adverse reactions)

**Recommendation:** Always schedule follow-up for patients who experienced adverse reactions requiring epinephrine.

Click **Save**.

#### *Immunization Follow-up options*



The image shows a software dialog box titled "Immunization Follow-up". It contains several input fields and radio buttons. The "Type" field is set to "Emergency Epinephrine", and the "Patient" field is set to "Forest, Donald". The "Product" field is set to "Epipen Jr 0.15mg (Pack Size 1 PEN)". There are three radio buttons: "Book follow-up appointment" (which is selected and highlighted in blue), "Follow-up required in [ ] days = [ ]", and "Do not follow-up". Below the radio buttons is a "Calendar" dropdown menu set to "Calendar" and a "Select Date" button with a calendar icon. At the bottom right are "Save" and "Cancel" buttons.

Immunization Follow-up

Immunization

Type: Emergency Epinephrine Patient: Forest, Donald

Product: Epipen Jr 0.15mg (Pack Size 1 PEN)

☒ Book follow-up appointment

☐ Follow-up required in [ ] days = [ ]

☐ Do not follow-up

Calendar: Calendar

Select Date

Save Cancel

#### **Step 6: Bill Epinephrine Administration**

The **F12 Fill Rx** screen opens with the epinephrine product pre-populated.

1. Verify all information is correct:
  - Product matches the epinephrine administered
  - Quantity is correct
  - Date/time reflects the emergency administration
2. Complete the prescription filling process
3. Process billing according to your pharmacy's emergency medication protocols

## F12 Fill screen for epinephrine

**Patient Search**  
 Name: Forest, Donald | Age: 45  
 Address: 123 Street | City: [blank] | Prov: MB  
 Phone: Home (780) 567-3478  
 Plan: ESI | Client ID: 123654

**Drug Search**  
 Brand: Epipen Jr | 0.15mg  
 Generic: Epinephrine JR | ALX (All)  
 Pack: 1 Form, PEN | Sched: 2  
 Purch: \$87.17 | On-Hand: 0  
 DIN: 00578657 | Min Qty: 0

**Ph. Search**  
 Name: Ph. Simpson, Monica  
 Address: 12 Jasper Ave | City: Edmonton | Prov: AB  
 Phone: (555) 555-1234  
 Lic#: 49u11 | Alt. Lic#: 49u11

**Allergies (4)**  
 Factor Ix Preparations  
 Macrolide Antibiotics  
 Penicillins

**Conditions (0)**  
 More (See Patient)

**Emergency Epinephrine**  
 Route of Admin: Intramuscular  
 Dosage Form: Auto-Injector (each)

**Pricing**  
 Rx Plans: NET | Plan Pays: Not Adj. | DUE Only  
 Cash: 110.17 | Deduct: \$110.17  
 (More Plans Available)

**Unit Dose (Ctrl-U): Disabled**  
 ⚠ This is a Pharmacist Prescribe - an Rx Order will be sent  
 ⚠ Drug Cost (Purchase) hasn't been updated in 5990 days  
 ⚠ Rx will expire on 2027-May-16 (547 days from written date)  
 ⚠ To Do: Emergency Epinephrine  
 ⚠ Delivery Label will be printed

**Workflow**  
 Send Rx to Trouble  
 View Workflow Detail

**Note:** Billing procedures for emergency epinephrine may differ from standard immunization fees. Consult your pharmacy's billing guidelines.

## Step 7: Verify Documentation

After completing the workflow:

1. Return to the patient's **Immunizations** module
2. Verify the epinephrine administration is linked to the immunization record. The number for the linked emergency epinephrine will display the immunization number that is linked to follow by a -1. (Example: Immunization number is 63, the epinephrine is 63-1)
3. Confirm the emergency epinephrine was transmitted to PIN

*Immunization record showing linked epinephrine administration*

Items (3)							
#	Type	Drug Name	Status	Product Status	Fee Status	Created	Comp
63-1	Emergency Epinephrine	Epipen Jr	Completed	Claimed	No Fee Applicable	15/11/2025	15/11
63	Non-Influenza	Engerix B (Adult)	Completed	Claimed	No Fee Applicable	14/11/2025	14/11
62	Non-Influenza	Twinrix	Patient Consent Scan Skipped	Not Completed Yet	Not Completed Yet	14/11/2025	

(Network) Patient Profile

Patient: Kroll, Gretel

Female

DOB: 19-May-1932

PHN: 737689000

Last updated: Just now

Profile (15)

Allergies (12)

Immunizations (3)

Notes (2)

Ctrl

Status (All)

Order Type (All)

Advanced

Filter

Reset

DATA	Last Filled	Picked Up	Status	Doctor	Netcare Order	Order Date		
	Last Qty	Drug			Code	Manufacturer	Local	
	Directions				Stop Date	Fillable	Auth	Rem
<div><div><div>SYN</div><div>CE</div><div>ED</div></div><div><div>17-Nov-2025</div><div>17-Nov-2025</div><div>Active</div><div>Simpson, Monica</div></div></div>						0000MZNO	17-Nov-2025	
	1 EPIPEN JR 0.15 MG AUTOINJECTOR				00578657	ALX	Yes	
	EMERGENCY EPINEPHRINE				17-May-2027	✓	1	
<div><div><div>SYN</div><div>CE</div><div>ED</div></div><div><div>17-Nov-2025</div><div>17-Nov-2025</div><div>Active</div><div>Simpson, Monica</div></div></div>						0000MZMN	17-Nov-2025	
	1 BEXSERO VACCINE SYRINGE				02417030	NOV	Yes	
	NON-INFLUENZA				17-May-2027	✓	1	0
<div><div><div>IN</div><div></div><div></div></div><div><div>30-Oct-2025</div><div></div><div>Active</div><div>Adams, Fred</div></div></div>						0000MZGB	30-Oct-2025	

## Filling a Non-Influenza Immunization (Paper mode)

### Processing Non-Influenza Immunizations (Paper Mode)


#### Overview

#### What is Paper Mode?

Paper mode allows immunization documentation using printed forms that are completed manually, scanned back into Kroll, and then processed electronically.

#### Paper Mode will be used when:

- Electronic immunization configuration is disabled in your store
- Preference for paper-based documentation

 **Note:** Even in Paper mode, immunization data must ultimately be entered electronically and transmitted to Imm/ARI and PIN.

#### Configuration

#### Enabling/Disabling Paper Mode:

Paper mode is controlled by the Electronic Immunizations setting:

- Navigate to: **File > Configuration > Store > Rx > 8 – Immunization**
- When **Electronic Immunizations is disabled**, the system operates in Paper mode
- When **Electronic Immunizations is enabled**, the system operates in Electronic mode

---

## Step-by-Step Instructions

### Step 1: Access Patient Profile and Immunization Module

1. Press **F3** to search for and open the patient profile
2. In the right-hand ribbon under **View**, select **Immunizations**
3. Press **N** (New Immunization) or click **Ins**

*Accessing the Immunization module*

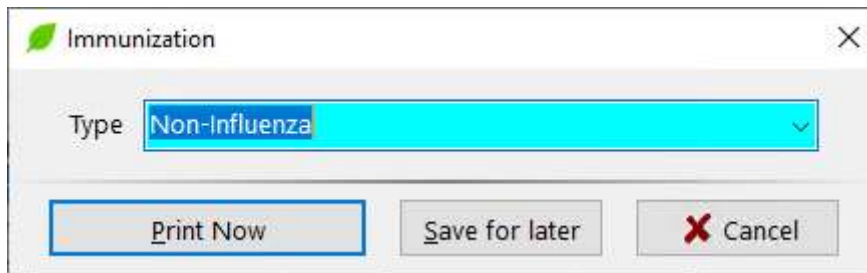
The screenshot shows the 'Immunizations' module interface. At the top, there is a ribbon with buttons: 'N - New Immunization' (highlighted with a red box), 'P - Print/Reprint', 'F - Claim Fee', 'C - Cancel Claim', 'D - Pharmacist Declined', 'R - Patient Refused', and 'W - Print Wallet Card'. To the right of these buttons are 'Show Reversals (1)' and 'Extra Functions'. Below the ribbon is a table with columns: '#', 'Type', 'Drug Name', 'Created', and 'Completed'. The table is currently empty. A dropdown menu is open over the 'Type' column, showing three options: 'Influenza', 'Non-Influenza', and 'COVID19'. The 'Ins' button in the top right corner is also highlighted with a red box.

---

### Step 2: Select Immunization Type and Print Mode

1. The Immunization Type window opens
2. Select **Non-Influenza** from the dropdown
3. Click **Print Now** (Paper mode option)

*Immunization Type selection with Print Now option*



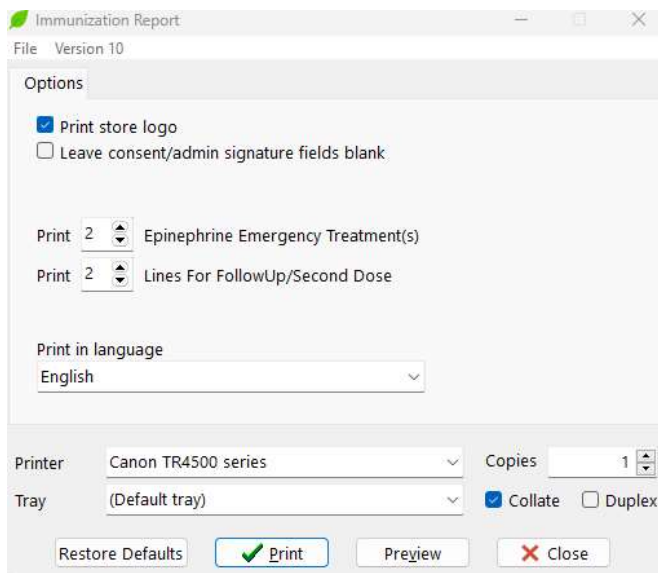
A dialog box titled "Immunization" with a close button (X) in the top right corner. It features a dropdown menu labeled "Type" with "Non-Influenza" selected. Below the dropdown are three buttons: "Print Now" (highlighted with a blue border), "Save for later", and "Cancel" (with a red X icon).

### Step 3: Print Blank Immunization Form

The Immunization Report window appears.

1. Click **Print** to generate the blank immunization form
2. The form prints with patient information pre-populated
3. The system creates a pending immunization record

*Immunization Report window*



The "Immunization Report" window has a menu bar with "File" and "Version 10". It contains an "Options" section with the following settings:

- ☒ Print store logo
- ☐ Leave consent/admin signature fields blank
- Print 2 Epinephrine Emergency Treatment(s)
- Print 2 Lines For FollowUp/Second Dose
- Print in language: English (dropdown)

At the bottom, there are printer settings: "Printer" set to "Canon TR4500 series", "Copies" set to 1, "Tray" set to "(Default tray)", and checkboxes for "Collate" (checked) and "Duplex" (unchecked). Action buttons at the bottom include "Restore Defaults", "Print" (with a green checkmark), "Preview", and "Close" (with a red X).



Blank form

### Immunization Record

Kroll pharmacy, 10025 100 Ave, Edmonton AB T5Y 0E5  
Phone: (780) 555-1234 Fax: (780) 555-4321

#### PATIENT INFORMATION

TRACKING #: 66

First Name <b>Sweets Hansel</b>	Last Name <b>Krlohmzmcmt</b>	Sex <b>M</b>	DOB <b>22-Sep-1946</b>	Weight
Address <b>AB</b>		Health Card # <b>225203100</b>		Phone Number
Emergency Contact	Relationship to Patient	Contact's Phone Number	Contact's Other Phone Number	

#### SCREENING QUESTIONNAIRE

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones?	Yes	No	Unsure
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?	Yes	No	Unsure
Did you provide care or have close contact with a person with confirmed COVID-19?	Yes	No	Unsure
Are you allergic to any medications including vaccines?	Yes	No	Unsure
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymixin or gelatin?	Yes	No	Unsure
Have you ever had a severe, life threatening reaction to a past vaccination?	Yes	No	Unsure
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine?	Yes	No	Unsure
Are you allergic to latex gloves?	Yes	No	Unsure
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine?	Yes	No	Unsure
Do you have a new or changing neurological disorder?	Yes	No	Unsure
Do you take a blood thinner or have a bleeding disorder?	Yes	No	Unsure
Pharmacist-Will you be administering a Live Vaccine? (If "No", skip the following questions)	Yes	No	
Do you have a medical condition that can weaken your immune system? (eg. Leukemia, Lymphoma, HIV/AIDs)	Yes	No	Unsure
Are you taking any medications that can weaken your immune system within the past 3 months? (eg Prednisone etc)	Yes	No	Unsure
Have you received any other vaccines in the last 4 weeks?	Yes	No	Unsure
Are you or do you think you might be pregnant?	N/A	Yes	No

#### CONSENT GIVEN BY PATIENT/AGENT

I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I agree to wait in the pharmacy for 15 minutes(or time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips. In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

☐ I confirm that I want to receive OR ☐ I confirm that I want my child to receive

Product

Patient/Agent & Relationship	Patient/Agent Signature	Date Signed <b>15-Nov-2025</b>
<b>PHARMACIST DECLARATION</b> I confirm the above named patient is capable of providing consent for _____ Product _____ and that the _____ Product _____ should be given to patient.		
Pharmacist <b>Monica Simpson (49u11)</b>	Pharmacist Signature	Date Signed <b>15-Nov-2025</b>

## Immunization Record

### PHARMACY USE ONLY

First Name <b>Sweets Hansel</b>	Last Name <b>Krlohmzmcmt</b>	Sex <b>M</b>	DOB <b>22-Sep-1946</b>	Weight
Address <b>AB</b>		Health Card # <b>225203100</b>		Phone Number

#### NON-INFLUENZA VACCINE

TRACKING #: 66 (Continued)

Product			DIN	Dose
Route Of Administration	Site Of Administration	Lot Number	Expiry Date	
Administered by Name and # <b>Monica Simpson (49u11)</b>		Administered By <Pharmacist>		
Date/Time of Immunization				

#### EPINEPHRINE EMERGENCY TREATMENT

TRACKING #: 66-1

Product <input type="checkbox"/> Epipen Jr 0.15mg (Pack Size 1 PEN)			DIN 00578657	PIN	Dose
Route Of Administration	Site Of Administration	Lot Number	Expiry Date		
Administered by Name and # <b>Monica Simpson (49u11)</b>		Administered By <Pharmacist>			
Date/Time of Injection					

#### EPINEPHRINE EMERGENCY TREATMENT

TRACKING #: 66-2

Product <input type="checkbox"/> Epipen Jr 0.15mg (Pack Size 1 PEN)			DIN 00578657	PIN	Dose
Route Of Administration	Site Of Administration	Lot Number	Expiry Date		
Administered by Name and # <b>Monica Simpson (49u11)</b>		Administered By <Pharmacist>			
Date/Time of Injection					
Comments					

#### FOLLOW-UP/NEXT DOSE

Date	Reason For Follow-up	Comment



### Immunization Record

#### PHARMACY USE ONLY

First Name <b>Sweets Hansel</b>	Last Name <b>Kriohmzmcmt</b>	Sex <b>M</b>	DOB <b>22-Sep-1946</b>	Weight
Address <b>AB</b>	Health Card # <b>225203100</b>		Phone Number	

Date	Reason For Follow-up	Comment

#### Status Update:

After printing, the immunization record shows three status areas as:

- Status: Printed Consent
- Product status: Pending Claim
- Fee status: Pending Claim

*Immunization record show the statuses*

Family Dr
F2
Clear
Weight
PHN 225203100
Edit

#### Immunizations

**N** - New Immunization    **P** - Print/Reprint    **F** - Claim Fee    C - Cancel Claim  
**D** - Pharmacist Declined    **R** - Patient Refused    **W** - Print Wallet Card

Show Reversals ☐ Extra Functions ▼

#	Type	Drug Name	Status	Product Status	Fee Status	Created ▼	Completed
66	Non-Influenza		Printed Consent	Pending Claim	Pending Claim	15/11/2025	

#### Step 4: Complete the Paper Form

#### Off-System Process:

1. Administer the immunization to the patient

2. Complete all sections of the printed form:
  - Patient consent information
  - Product details (lot number, expiry date, etc.)
  - Administration details (date, site, administered by)
  - Patient/guardian signature
  - Pharmacist signature
3. Ensure all required fields are completed and legible

**Important:** The form must be fully completed before scanning.

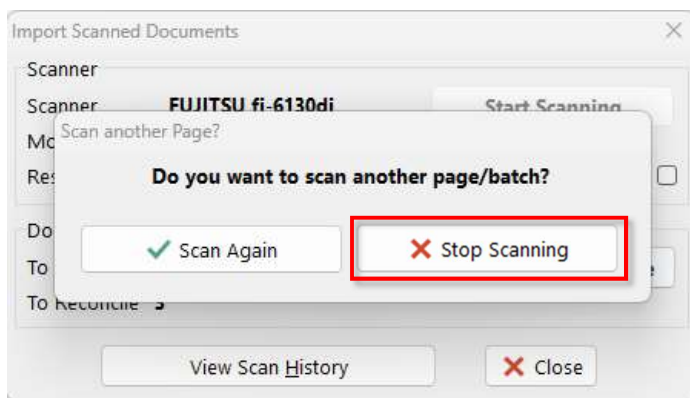
---


### Step 5: Scan Completed Form into Kroll

#### Access Document Scanning:

1. From the **Start Screen**, navigate to **Utilities > Printed Document Scan/Import**
2. Place the completed immunization form(s) on the document scanner
3. Click **Start Scanning**
4. Wait for the scanning process to complete
5. Click **Stop Scanning** when all documents are scanned

*Printed Document Scan/Import utility*



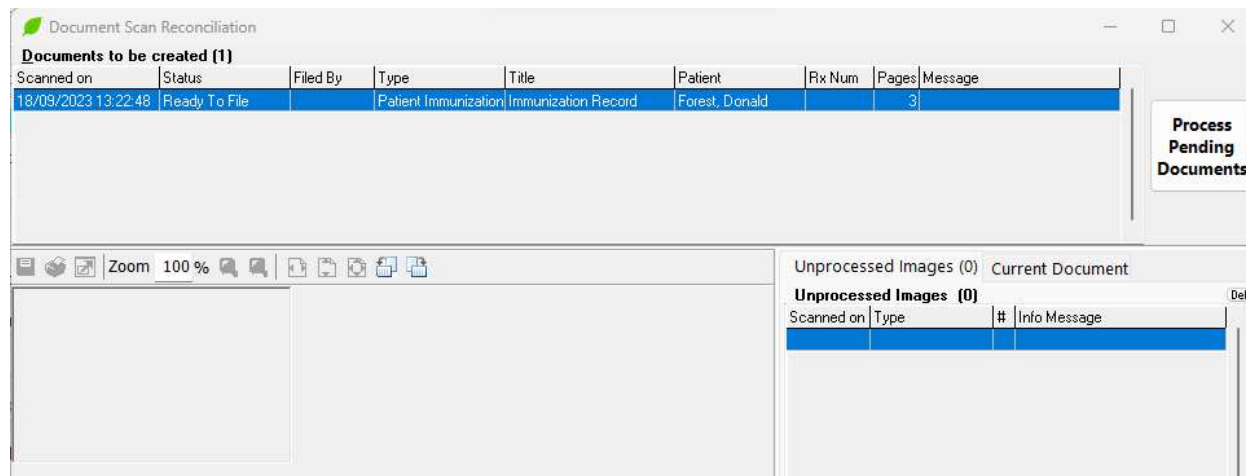
 **Note:** Ensure all pages are attached as Kroll expects the same number of pages printed to be scanned back in.

## Step 6: Process Scanned Documents

The **Document Scan Reconciliation** screen displays.

1. Review the scanned documents list
2. Click **Process Pending Documents**
3. Wait for processing to complete
4. Exit the utility to return to the Start Screen

*Document Scan Reconciliation screen*



**What happens:** The system links scanned forms to their corresponding pending Immunization records.

---

### Step 7: Verify Scanned Form

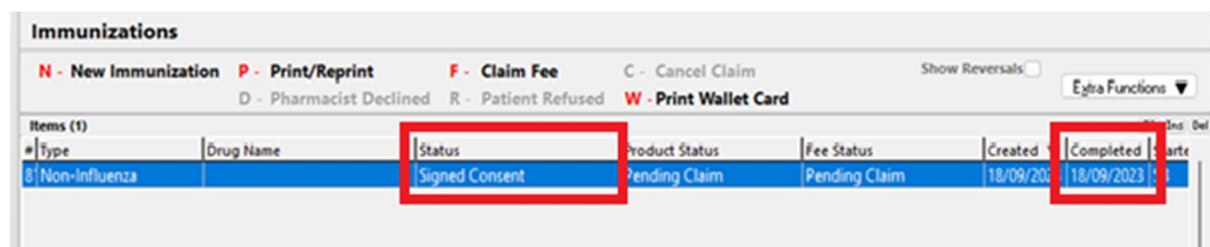
1. Return to the patient card
2. Click **Immunizations**
3. Locate the immunization record

#### Status Update:

The record now shows:

- **Status:** Signed Consent (updated from Pending)
- **Completed Date:** Now populated with the date

*Immunization record showing Signed Consent status*



Immunizations							
N - New Immunization   P - Print/Reprint   F - Claim Fee   C - Cancel Claim   Show Reversals: <input type="checkbox"/> Extra Functions ▼							
D - Pharmacist Declined   R - Patient Refused   W - Print Wallet Card							
Items (1)							
#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
8	Non-Influenza		Signed Consent	Pending Claim	Pending Claim	18/09/2023	18/09/2023

---

### Step 8: View Scanned Form (Optional)

To view or print the scanned form:

1. Highlight the immunization record
2. Press **F2** to open the Immunization View
3. The scanned form displays

# Immunization View showing scanned document

Immunization View - Forest, Donald

**Non-Influenza** Close

Created	09/01/2024 08:26:50	Status	Signed Consent	Product Status	Pending Claim	Product Rx	N/A
Started	09/01/2024 08:24:56			Fee Status	Pending Claim	Fee Rx	N/A
Completed	09/01/2024 08:42:14	by	Monica Simpson	Consent given by	Forest, Donald		
Expiry Date		Lot Number		Site Of Admin			

Patient	Forest, Donald			Address	123 Street		
Birth	01/01/1980	44 years	Male	Plan	NET	Client ID	496644000
						Phone	Home (780) 567-3478

☐ Record on network

09/01/2024 08:42

Zoom 98%

**Immunization Record**  
Kroll pharmacy, 10025 100 Ave, Edmonton AB T5Y 0E5  
Phone: (780) 555-1234 Fax: (780) 555-4321

**PATIENT INFORMATION**

First Name Donald	Last Name Forest	Gender M	DOB 01-Jan-1980	Weight
Address 123 Street, MB		Health Card # 496644000	Phone Number (780) 567-3478	
Emergency Contact	Relationship to Patient	Contact's Phone Number	Contact's Other Phone Number	

**SCREENING QUESTIONNAIRE**

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones?	Yes	No	Unsure
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?	Yes	No	Unsure
Did you provide care or have close contact with a person with confirmed COVID-19?	Yes	No	Unsure

TRACKING #: 1184

To print the scanned form:

1. Click the **Printer icon** in the upper left corner
2. The Print dialog displays
3. Click **OK**
4. The scanned form prints

Print scanned document

Immunization View - Forest, Donald

### Non-Influenza

**Close**

Created	09/01/2024 08:26:50	Status	Signed Consent	Product Status	Pending Claim	Product Rx	N/A
Started	09/01/2024 08:24:56			Fee Status	Pending Claim	Fee Rx	N/A
Completed	09/01/2024 08:42:14	by	Monica Simpson	Consent given by	Forest, Donald		
Expiry Date		Lot Number		Site Of Admin			

Patient	Forest, Donald	Address	123 Street
Birth	01/01/1980 44 years Male Plan NET	Client ID	496644000 Phone Home (780) 567-3478

☐ Record on network

09/01/2024 08:42

Zoom 98% 1/3

#### Immunization Record

Kroll pharmacy, 10025 100 Ave, Edmonton AB T5Y 0E5  
Phone: (780) 555-1234 Fax: (780) 555-4321

**PATIENT INFORMATION**

First Name Donald	Last Name Forest	Gender M	DOB 01-Jan-1980	Weight
Address 123 Street, MB		Health Card # 496644000		Phone Number (780) 567-3478
Emergency Contact	Relationship to Patient	Contact's Phone Number	Contact's Other Phone Number	

**SCREENING QUESTIONNAIRE**

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones?	Yes	No	Unsure
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?	Yes	No	Unsure
Did you provide care or have close contact with a person with confirmed COVID-19?	Yes	No	Unsure

TRACKING #: 1184

Print

Printer

Name: Microsoft Print to PDF Properties...

Status: Ready

Type: Microsoft Print To PDF

Where: PORTPROMPT:

Comment:

Print range

☒ All

☐ Pages from: 1 to: 3

☐ Selection

Copies

Number of copies: 1

☐ Collate

1 1 2 2 3 3

OK Cancel

**Immunization Record**  
Kroll pharmacy, 10025 100 Ave, Edmonton AB T5Y 0E5  
Phone: (780) 555-1234 Fax: (780) 555-4321

**PATIENT INFORMATION**

TRACKING #: 1184

First Name <b>Donald</b>	Last Name <b>Forest</b>	Gender <b>M</b>	DOB <b>01-Jan-1980</b>	Weight
Address <b>123 Street, MB</b>		Health Card # <b>496644000</b>	Phone Number <b>(780) 567-3478</b>	
Emergency Contact	Relationship to Patient	Contact's Phone Number	Contact's Other Phone Number	

**SCREENING QUESTIONNAIRE**

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones?	Yes	<u>No</u>	Unsure
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?	Yes	<u>No</u>	Unsure
Did you provide care or have close contact with a person with confirmed COVID-19?	Yes	<u>No</u>	Unsure
Are you allergic to any medications including vaccines?	Yes	<u>No</u>	Unsure
Do you have an allergy to kanamycin, neomycin, gentamicin, thimerosal, chicken protein, polymyxin or gelatin?	Yes	<u>No</u>	Unsure
Have you ever had a severe, life threatening reaction to a past vaccination?	Yes	<u>No</u>	Unsure
Have you had wheezing, chest tightness or difficulty breathing within 24 hours of getting a vaccine?	Yes	<u>No</u>	Unsure
Are you allergic to latex gloves?	Yes	<u>No</u>	Unsure
Have you had Guillain-Barre Syndrome within 6 weeks of getting a vaccine?	Yes	<u>No</u>	Unsure
Do you have a new or changing neurological disorder?	Yes	<u>No</u>	Unsure
Do you take a blood thinner or have a bleeding disorder?	Yes	<u>No</u>	Unsure
Pharmacist-Will you be administering a Live Vaccine? (If "No", skip the following questions)	Yes	<u>No</u>	
Do you have a medical condition that can weaken your immune system? (eg. Leukemia, Lymphoma, HIV/AIDS)	Yes	<u>No</u>	Unsure
Are you taking any medications that can weaken your immune system within the past 3 months? (eg. Prednisone etc)	Yes	<u>No</u>	Unsure
Have you received any other vaccines in the last 4 weeks?	Yes	<u>No</u>	Unsure
Are you or do you think you might be pregnant?	<u>N/A</u>	Yes	No Unsure

**CONSENT GIVEN BY PATIENT/AGENT**

I, the undersigned client, parent or guardian, have read or had explained to me, information about the vaccine as outlined in the vaccine information sheets provided to me. I have had the chance to ask questions, and answers were given to my satisfaction. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the vaccine. I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called "anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips. In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

☒ I confirm that I want to receive OR ☐ I confirm that I want my child to receive

Patient/Agent & Relationship	Patient/Agent Signature <i>Donald Forest</i>	Date Signed <b>09-Jan-2024</b>
<b>PHARMACIST DECLARATION</b> I confirm the above named patient is capable of providing consent for _____ and that the _____ should be given to patient.		
Pharmacist <b>Monica Simpson (49u11)</b>	Pharmacist Signature <i>Monica Simpson</i>	Date Signed <b>09-Jan-2024</b>

**Step 9: Enter Immunization Data Electronically**

**Important:** Even though the paper form is complete, data must be entered electronically for transmission to Imm/ARI.

1. From the patient's Immunizations screen, highlight the immunization record
2. Press F (Claim Fee) or select **Claim Fee** from the menu




Immunizations screen with Claim Fee option

**Immunizations**

**N - New Immunization**   **P - Print/Reprint**   **F - Claim Fee**   **C - Cancel Claim**   **Show Reversals** ☐ (1)   **Extra Functions** ▼

**D - Pharmacist Declined**   **R - Patient Refused**   **W - Print Wallet Card**

Items (5) F2 Ins Del

#	Type	Drug Name	Status	Product Status	Fee Status	Created ▼	Completed ▲
1178	Non-Influenza		Printed Consent	Pending Claim	Pending Claim	04/10/2023	
114	COVID19	 Pfizer-Biontech COVID-19 Vacc	Completed	Claimed	No Fee Applicable	16/05/2023	16/05/2023
54	Non-Influenza	 Shingrix	Billed with no Documentation	Claimed	No Fee Applicable	27/04/2023	27/04/2023
7	Influenza	FluLaval Tetra	Printed Consent	Claimed	No Fee Applicable	22/08/2019	22/08/2019
3	Non-Influenza	Cervarix	Completed	Claimed	Claimed	03/08/2017	03/08/2017

The **Immunization Data Entry** window opens.

## Step 10: Complete Required Data Entry

### Product Tab:

Enter all required fields by referencing the completed paper form:

- Product details
- Lot number
- Expiry date
- Quantity
- Vaccine type
- Manufacturer

Click **Next**.




### Product tab in Immunization Data Entry

The screenshot shows the 'Immunization Data Entry' window with the 'Product' tab selected. The form contains the following fields and values:

- Product:** Bexsero Vaccine (Pack Size 1 ML) (dropdown menu)
- Disp Qty:** 1 (text input)
- Unit:** ML (dropdown menu)
- DIN:** 02417030 (text input)
- UPC:** 063601046833 (text input)
- Route:** Intramuscular (dropdown menu)
- Lot Number:** 12345 (text input)
- Expiry Date:** 04/10/2024 (text input)
- Vaccine:** Meningococcal B (4C, OMV recombinant absorbed) (dropdown menu)
- Manufacturer:** Glaxo-SmithKline (dropdown menu)

A legend indicates that an asterisk (\*) denotes a 'Required Field'. At the bottom of the form, there is a checkbox labeled 'Record on network' which is checked. Below this, there are two buttons: 'Next' (with a green arrow icon) and 'Do not record' (with a red X icon).

 **Note:** The 'Record on network' checkbox is greyed out. The immunization will automatically be transmitted to the network.

### Step 11: Locations Tab

Verify and complete location information:

#### Patient Address:

- Auto-populates from patient profile
- Province, Postal Code, and Country are editable
- Check **Homeless** if applicable

#### Store Address:

- Auto-populates from store configuration

Click **Next**.

#### *Locations tab*

Immunization Data Entry

Product Locations Administration

**Patient Address**

Line 1 123 Street

Line 2

City Province \* AB (Alberta)

Postal Code \* T5Y 0E4 Country \* Canada

☐ Homeless

**Store Address**

Line 1 10025 100 Ave

Line 2

City Edmonton Province \* AB (Alberta)

Postal Code \* T5Y 0E5 Country \* Canada

\* Required Field

☒ Record on network

Next Do not record

## Step 12: Administration Tab

Enter all required administration details:

Field	Description	Source
Date of admin	Date vaccine was administered	From paper form
Administered by	Healthcare provider who administered	Dropdown selection

Field	Description	Source
Administration site	Injection location	Dropdown selection
Administration reason	Reason for immunization	Dropdown (vaccine-specific)
Administration fee	Fee for service billing	Dropdown (if non-publicly funded)

\* All required fields must be completed to enable the **Record** button.

Click **Record**.

*Administration tab with required fields*

Immunization Data Entry

Product Locations Administration

Date of admin \* 09/01/2024 08:24 Administered by \* Monica Simpson (MS)

Administration site \* Left Arm Vaccine dose number 1

Administration reason \* Non provincially funded

Administration fee Patient Assessment With APA [00081111]

\* Required Field

Next planned immunization dates

Dose d = Series m =

Comments

☒ Record on network

**Record** **Do not record**

### Step 13: Bill Immunization Product

The **F12 Fill Rx** screen opens for the immunization product.

1. Verify all information is correct:

- Product matches the administered vaccine
  - Quantity is correct
  - Date matches the administration date
  - Patient information is accurate
2. Complete the prescription filling process
  3. Process adjudication

### F12 Fill screen for immunization product

Store 1 (Main) --1-(local):AB1028IMM-New Rx for Forest, Donald

File Edit Recent Rx View Labels Profile Reports Network Utilities NH Cards Session Help Version 10 Logging

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - Fill Rx Alt+X - Start

New Rx Pending Adj Rx Start Date 09/01/2024 Latest Fill 0 Qty Init Lookup Cancel

Priority Default Wait Time F2 Due in 19 mins Fill Rx F2 Work Order 8101 F2 Delivery Pickup

Patient Search Name Forest, Donald Age: 44 Address 123 Street City Prov MB Phone Home (780) 567-3478 Plan ESI Client ID 123654

Drug Search Pack 1 Brand Bexsero Vaccine Generic NOV (No) Pack 1 Form ML Sched 2 Purch \$111.10 On-Hand 0 No image DIN 02417030 Min Qty 0

Dgc Search Loc Office Name Ph. Simpson, Monica Address 12 Jasper Ave City Edmonton Prov AB Phone (555) 555-1234 Lic# 49u11 Alt. Lic# 49u11

Allergies (4) Factor Ix Preparations Macrolide Antibiotics Conditions (0) More (See Patient)

Sig Non-Influenza NON-INFLUENZA

Route of Admin Intramuscular Dosage Form Syringe (mL)

Init MS Auth Qty 1 1 Disp Qty 1 mL Rem Qty 1 1 Days 1 G.P. % 3.48 Prod Sel 3 - Pharmacist Acq Cost \$111.10 O/W Written Cost \$111.10 Labels 1 F2 Markup \$0.00 Fee \$4.00 Total \$115.10

Plans Pricing Dates Comments Indications Images Other Unit Dose (Ctrl-U): Disabled

Rx Plans Plan Pays Extra Info (F2 Edits) NET Not Adj. DUE Only 115.10 Deduct: \$115.10 (More Plans Available)

Next Disp Qty Min Interval Days Max Disp Qty Enable Auto-Refill

Comments

⚠ This is a Pharmacist Prescribe - an Rx Order will be sent  
 1 Rx will expire on 2025-Jul-09 (547 days from written date)  
 1 To Do: Non-Influenza  
 1 Delivery Label will be printed  
 1 Drg Pack Tier Id: 1

User: MS (Monica Simpson) Netcare 35 09/01/2024 08:59:31

Rx: Make Rx Unfilled, Make Rx Not Dispensed, Make Rx Stock Transfer, Adapt Rx, Add Rx Image, Transfer Rx From Another..., Call Doctor, Counsel Patient on Pickup, Print Kroll Care, Owe Quantity

View: Clinical Interactions, Plan Information, Patient Plan Information, Generic Equivalents, Unit Dose Info, Work Order, Rx Counseling History

Workflow: Send Rx to Trouble, View Workflow Detail, Workflow Push Queues, Rx's In Progress, Input, Packaging

### Step 14: Bill Administration Fee (if applicable)

If an administration fee was selected, the **F12 Fill Rx** screen opens again for the fee-for-service billing.

1. Verify the fee drug card is correct (e.g., PDIN 00071111 or 00081111)
2. Complete the prescription filling process

### 3. Process adjudication

#### F12 Fill screen for administration fee

The screenshot shows the 'F12 - Fill Rx' screen in a medical software application. The window title is 'Store 1 (Main) --1-(local):AB10281MM-New Rx for Forest, Donald'. The menu bar includes File, Edit, Recent, Rx, View, Labels, Profile, Reports, Network, Utilities, NH, Cards, Session, Help, Version 10, and Logging. The toolbar has buttons for F3 - Patient, F5 - Drug, F7 - Doctor, F9 - Workflow, F11 - Drop-off, F12 - Fill Rx, and Alt+X - Start.

The main area is divided into several sections:

- Patient Search:** Name: Forest, Donald, Age: 44, Address: 123 Street, City: MB, Phone: (780) 567-3478, Plan: ESI, Client ID: 123654.
- Drug Search:** Brand: Patient Assessment With APA, Generic: Alberta Clinical Pharmacy Services, Pack: 1 Form, Sched: 1, Purch: 00081111, OnHand: 0, Min Qty: 0.
- Pharmacy Search:** Name: Ph. Simpson, Monica, Address: 12 Jasper Ave, City: Edmonton, Phone: (555) 555-1234, Lic#: 49u11, Alt. Lic#: 49u11.
- Allergies (4):** Factor Ix Preparations, Macrolide Antibiotics.
- Conditions (0):** More (See Patient).
- Unit Dose (Ctrl-U): Disabled**
  - The clinical plan was removed for this fee for service
  - Drug already in profile (Rx: 661811 - 04/10/2023)
  - Rx will expire on 2025-Jul-09 (547 days from written date)
  - To Do: Non-Influenza
  - This is a Fee for Service Prescription
  - Delivery Label will be printed
  - Drg Pack Tier Id: 1
- Plans:** Rx Plans, Plan Pays, Extra Info (F2 Edits), Cash, 23.00, Deduct: \$23.00.
- Next Disp Qty:** Min Interval Days, Max Disp Qty, Enable Auto-Refill.
- Rx Comments (0):**

The right sidebar contains various workflow and patient management options:

- Rx:** Add Rx Image, Transfer Rx From Another Store, Call Doctor, Counsel Patient on Pickup.
- View:** Clinical Interactions, Patient Plan Information, Generic Equivalents, Unit Dose Info, Work Order, Rx Counseling History.
- Workflow:** Send Rx to Trouble, View Workflow Detail.
- Workflow Push Queues:** Rx's In Progress, Input, Packaging, Pharmacist Verification.

The status bar at the bottom shows 'User: MS (Monica Simpson)', 'Netcare 35', and the date/time '09/01/2024 09:04:55'.

### Step 15: Verify Transmission to Network

After completing all billing:

- Return to the patient's **Immunizations** screen
- Locate the immunization record
- Verify the **cloud symbol** (☁) appears next to the record

#### Cloud Symbol Indicates:

- ✓ Immunization successfully uploaded to Imm/ARI and PIN
- ✓ Data transmission complete
- ✓ Record is now part of the provincial immunization registry

Immunizations		
<b>N - New Immunization</b> <b>P - Print/Reprint</b> D - Pharmacist Decline		
Items (5)		
#	Type	Drug Name
1184	Non-Influenza	Bexsero Vaccine
1175	Emergency Epineph	Uploaded to Netcare

Immunization record with cloud symbol indicating network upload

## Printing Completed Forms

To print a copy of the scanned immunization form:

### Method 1: From Immunization View

1. From the Immunizations screen, highlight the immunization record
2. Press **F2** to open Immunization View
3. Click the **Printer icon** in the upper left corner
4. Click **OK** in the Print dialog
5. The scanned form prints

### Method 2: From Documents Tab

1. Press **F2** to open Immunization View
2. Click the **Documents** tab
3. The scanned consent form displays
4. Click the **Printer icon**
5. The form prints

## Paper Mode vs. Electronic Mode Comparison

Aspect	Paper Mode	Electronic Mode
Initial documentation	Print blank form, complete manually	Enter data directly in Kroll





Aspect	Paper Mode	Electronic Mode
Patient signature	Physical signature on paper	Electronic signature pad (if configured)
Data entry timing	After administration and scanning	During administration process
Scanning required	Yes – completed forms must be scanned	Optional – consent forms only
Steps to complete	More steps (print, fill, scan, enter data)	Fewer steps (direct data entry)
Network transmission	Automatic after data entry	Automatic after finalization

## Important Notes

### Documentation Requirements:

- Paper forms must be fully completed and signed before scanning
- Scanned forms are stored electronically in Kroll
- Electronic data entry is still required for Imm/ARI transmission
- Maintain paper forms according to pharmacy record retention policies

### Common Mistakes to Avoid:

-  Scanning incomplete forms (all fields must be filled)
-  Forgetting to complete electronic data entry after scanning
-  Not verifying the cloud symbol appears (confirms network upload)
-  Assuming scanning alone transmits data to Imm/ARI

### Best Practices:


- Complete paper forms immediately after administration
- Scan forms promptly to avoid backlog
- Verify scanned image quality before processing
- Complete electronic data entry the same day
- Check for cloud symbol to confirm successful upload

---

## Recording Emergency Epinephrine Shots (Paper mode)

Record an epinephrine injection when:

- A patient experiences an adverse reaction to an immunization
- Epinephrine was administered as emergency treatment
- The immunization record is already completed in Kroll
- Your system is configured for **Paper mode** immunization processing

 **Note:** The epinephrine administration is linked to the specific immunization that caused the reaction and is reported to Imm/ARI and PIN.

---

### Prerequisites

Before using this feature, ensure:

- ✓ Epinephrine products are configured in Kroll drug cards
  - ✓ The original immunization record is completed in Kroll
  - ✓ Paper mode is enabled (File > Configuration > Store > Rx > 8 – Immunization)
- 

### Step-by-Step Documentation Procedure

#### Step 1: Access the Patient Profile

1. Press **F3** to search for and open the patient profile
  2. In the right-hand ribbon under **View**, select **Immunizations**
- 

#### Step 2: Link Epinephrine to the Immunization Record

1. Locate the immunization record that caused the adverse reaction
2. **Right-click** on the immunization record
3. Select **Add Epinephrine shot**



Right-click menu with "Add Epinephrine shot" option

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Show Reversals ☐

(80)

Extra Functions ▼

Items (6)

#	Type	Drug Name	Status	Product Status	Fee Status	Created ▼	Completed
1130	Non-Influenza		Printed Consent	Pending Claim	Pending Claim	16/08/2023	
1129	Non-Influenza	ixiaro	Signed Consent	Claimed	Claim		
1127	Non-Influenza		Refused by Patient	No Product Applicable	No Fe		
1127	Non-Influenza						

New Immunization

Add Epinephrine shot

**Important:** Select the specific immunization that triggered the adverse reaction. The epinephrine administration will be linked to this record.

### Step 3: Complete Immunization Data Entry

The **Immunization Data Entry** window opens, displaying all required fields on a single screen

*Immunization Data Entry window for epinephrine (Paper mode)*

Product	Locations	Administration
Product*		Epipen 1mg/mL (Pack Size 1 PEN)
Disp Qty*		Allerject 0.15mg/0.15mL (Pack Size 1 PEN)
		Allerject 0.3mg/0.3mL (Pack Size 1 PEN)
		Epinephrine Injection 1mg/mL (Pack Size 1 ML)
Route*		Epipen 1mg/mL (Pack Size 1 PEN)
		Epipen Jr 0.5mg/mL (Pack Size 1 PEN)

### Product Information

Field	Description	Example/Notes
Product*	Epinephrine product administered	Select from dropdown (e.g., EpiPen, EpiPen Jr.)
Disp Qty*	Quantity administered	Typically 1
Route*	Administration route	Intramuscular (IM), Subcutaneous (SC)
Lot Number*	Product lot number	From epinephrine packaging

Field	Description	Example/Notes
<b>Expiry Date*</b>	Product expiration date	From epinephrine packaging

#### Administration Information

Field	Description	Example/Notes
<b>Date of admin*</b>	Date epinephrine was administered	Auto-populated with current date/time (editable)
<b>Administered by*</b>	Healthcare provider who administered	Select from dropdown (Edit > Users and Groups)
<b>Administration site*</b>	Injection location	Select from dropdown (e.g., Left thigh, Right thigh)

All fields marked with an asterisk (\*) must be completed before you can proceed.

Click **Next**.

### Completed Immunization Data Entry fields

The image shows a software window titled "Immunization Data Entry" with three tabs: "Product", "Locations", and "Administration". The "Administration" tab is active. The form contains the following fields:

- Product\***: A dropdown menu showing "Epipen 1mg/mL (Pack Size 1 PEN)".
- Disp Qty\***: A text box containing "1".
- PEN**: A text box containing "PEN".
- DIN**: A text box containing "00509558".
- UPC**: A text box containing "625813001213".
- Route\***: A dropdown menu showing "Intramuscular".
- Lot Number\***: A text box containing "12345".
- Expiry Date\***: A text box containing "01/01/2025".

A legend indicates that fields marked with an asterisk (\*) are required. At the bottom left, there is a checkbox labeled "Record on network" which is checked. At the bottom center, there is a green button with a right-pointing arrow and the text "Next", which is highlighted with a red rectangle. To its right is a grey button with a red "X" icon and the text "Do not record".

#### Step 4: Administration tab

1. Enter the required information indicated by an \*
2. Click **Record**

*Record button enabled after completing required fields*

The screenshot shows a window titled "Immunization Data Entry" with three tabs: "Product", "Locations", and "Administration". The "Administration" tab is active. It contains the following fields:

- Date of admin \***: A date field showing "02/09/2023" and a time field showing "10:36".
- Administered by \***: A dropdown menu showing "Bill Richard (KP)".
- Administration site \***: A dropdown menu showing "Left Arm".
- Comments**: A large text area for notes.

Below the fields is a legend: **\* Required Field**. At the bottom left, there is a checkbox labeled "Record on network" which is checked. At the bottom center, there is a button labeled "Record" with a small icon, which is highlighted with a red border. To its right is a button labeled "Do not record" with a red 'X' icon.

**What happens:** The system saves the epinephrine administration and links it to the immunization record.

---

#### Step 5: Bill Epinephrine Administration

After clicking **Record**, the **F12 Fill Rx** screen opens with the epinephrine pre-populated

1. Verify all information is correct:
    - Product matches the epinephrine administered
    - Quantity is correct
    - Date/time reflects the emergency administration
  2. Complete the prescription filling process
-

## Step 6: Notify Patient's Prescriber

**Important:** In Paper mode, prescriber notification is not available for the Emergency Epinephrine administration.

### Manual notification required:

1. Contact the patient's primary healthcare provider by phone, fax, or secure messaging
2. Inform them of:
  - The adverse reaction
  - Epinephrine administration
  - Patient's current condition
  - Any follow-up care provided
3. Document the notification in the patient's pharmacy records

**Alternative:** Generate a notification letter using your pharmacy's standard procedures.

---

## Recording an Immunization from the F12 – Fill screen

This workflow allows you to process immunizations using the standard prescription filling screen (F12 Fill Rx) instead of the dedicated Immunization module. When you fill an immunization product, Kroll automatically prompts you to complete the immunization documentation.

### When to Use This Method:

- You prefer the traditional prescription filling workflow
- You're processing immunizations alongside other prescriptions
- You're more familiar with F12 Fill than the Immunization module
- You want to bill the product first, then complete immunization details

**Result:** The immunization is documented and transmitted to Imm/ARI and PIN,

---

### Step 1: Open F12 Fill Rx Screen and complete prescription

1. Access the prescription filling screen and enter all the details.
2. Click **F12 – Fill Rx** (or press F12)

## F12 Fill Rx screen

Store 1 (Main) --1-(local):AB1029Imm-New Rx for Forest, Donald

File Edit Recent Rx View Labels Profile Reports Network Utilities NH Cards Session Help Version 10 Logging

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F11 - Drop-off F12 - Fill Rx Alt+X - Start

New Rx Pending Adj Rx Start Date 27/02/2024 Latest Fill 0 Qty Init Lookup Cancel

Priority Default Wait Time F2 Due in 19 mins Fill Rx F2 Work Order 0 F2 Delivery Pickup

Patient Search Drug Search Pack 1 Dgc Search Loc Office

Name Forest, Donald Age: 44 Brand Shingrix 50mcg/0.5mL Name Ph. Simpson, Monica

Address 123 Street Male Generic Varicella-Zoster Virus Glycoprotein E Anti GSK (Gla) Address 12 Jasper Ave

City City Prov MB Pack 1 Form ML Sched 2 City Edmonton Prov AB

Phone Home (780) 567-3478 Purch \$138.89 On-Hand 0 No image Phone (555) 555-1234

Plan ESI Client ID 123654 DIN 02468425 Min Qty 0 Lic# 49u11 Alt. Lic# 49u11

Allergies (4) Sig UD Init MS Auth Qty 1 1

Factor Ix Preparations AS DIRECTED Disp Qty 1 mL Rem Qty 1 1

Macrolide Antibiotics G.P. % 14.21

Conditions (0) More (See Patient) Prod Sel 3 - Pharmacia Acq Cost \$138.89

Route of Admin Intramuscular O/W Cost \$148.89

Dosage Form Kit Labels 1 F2 Markup \$5.00

Fee \$8.00

Total \$161.89

Plans Pricing Dates Comments Indications Images Other Unit Dose (Ctrl-U): Disabled

Rx Plans Plan Pays Extra Info (F2 Edits) This is a Pharmacist Prescribe - an Rx Order will be sent

NET Not Adj. DUE Only Rx will expire on 2025-Aug-27 (547 days from written date)

Cash 161.89 Deduct: \$161.89 Delivery Label will be printed

(More Plans Available)

Next Disp Qty Min Interval Days Enable Auto-Refill

Comments Max Disp Qty

User: MS (Monica Simpson) Netcare 27/02/2024 11:16:11

Rx

- Make Rx Unfilled
- Make Rx Not Dispensed
- Make Rx Stock Transfer
- Adapt Rx
- Add Rx Image
- Transfer Rx From Another ...
- Call Doctor
- Counsel Patient on Pickup
- Print Kroll Care
- Owe Quantity

View

- Clinical Interactions
- Plan Information
- Patient Plan Information
- Generic Equivalents
- Unit Dose Info
- Work Order
- Rx Counseling History

Workflow

- View Workflow Detail
- Workflow Push Queues
- Rx's In Progress
- Input
- Packaging
- Pharmacist Verification

## Step 2: Immunization Data Entry Window Appears

After successfully filling the prescription, the **Immunization Data Entry** window automatically displays. Once all required fields are entered, click **Next** to proceed and complete through the Location and Administration tabs then finally click **Record**.

The prescription and immunization are now recorded on PIN and Imm/ARI

Immunization Data Entry

Product Locations Administration

Product \* Shingrix 50mcg/0.5mL (Pack Size 1 ML)

Disp Qty \* 1 ML DIN 02468425 UPC 062021676060

Route \* Intramuscular

Lot Number \* 1234

Expiry Date \* 31/12/2024

Vaccine \* Shingles Inactivated

Manufacturer \* Glaxo-SmithKline

\* Required Field

☒ Record on network

Next Do not record

Immunization Data Entry

Product Locations Administration

Patient Address

Line 1 123 Street

Line 2

City Province \* AB (Alberta)

Postal Code \* TSY 0E4 Country \* Canada

☐ Homeless

Store Address

Line 1 10025 100 Ave

Line 2

City Edmonton Province \* AB (Alberta)

Postal Code \* TSY 0E5 Country \* Canada

\* Required Field

☒ Record on network

Next Do not record

Immunization Data Entry

Product Locations Administration

Date of admin \* 27/02/2024 11:17 Administered by \* Monica Simpson (MS)

Administration site \* Left Arm Vaccine dose number 1

Administration reason \* Non provincially funded

Administration fee Free Of Charge

\* Required Field

Next planned immunization dates

Dose d = Series m =

Comments

☒ Record on network

Record Do not record



### Step 3: Verify Successful Transmission

After completing all steps:

1. Navigate to the patient's **Immunizations** module
2. Locate the newly created immunization record
3. Verify the **cloud symbol** (☁) appears next to the record

#### Cloud Symbol Indicates:

- ✓ Immunization successfully uploaded to Imm/ARI and PIN
- ✓ Data transmission complete
- ✓ Record is now part of the provincial immunization registry

*Immunization record with cloud symbol*

The screenshot displays the Netcare software interface. At the top, there is a menu bar with options like File, Edit, Recent, Patient, View, Profile, Network, Reports, Utilities, NH, Cards, Session, Help, and Version 10. Below the menu bar, there are tabs for F3 - Patient, F5 - Drug, F7 - Doctor, F9 - Workflow, F11 - Drop-off, F12 - Return to Rx, and Alt+X - Start. The main area is divided into several sections. On the left, there is a patient information form with fields for Last Name (Forest), First Name (Donald), Salutation, Address 1 (123 Street), Address 2, City, Postal, Country (Canada), Email, and Quick Code. There are also fields for Phone Numbers (1), Birthdate (01/01/1980), Age (44 years), Gender (Male), Language (English), Height, and Weight. On the right, there is a profile section with a list of options: All Rxs, Active Rxs, Active Rxs w/Passtimes, Refillable Rxs, Pricing Profile, Not Disp./OTC Rxs, Rxs Filled in Error, Suspended Rxs, Transactions, and Perform Clinical Analysis. Below the patient information, there is an Immunizations section with a table of items. The table has columns for #, Type, Drug Name, Status, Product Status, Fee Status, Created, and Comp. The first row shows a Non-Influenza record for Shingrix, which is 'Billed with no Documentation' and 'Claimed'. The second row shows a Non-Influenza record for 'Uploaded to Netcare', which is 'Completed' and 'External'. The third row shows an Influenza record for 'Patient Ineligible', which is 'No Product Applicable' and 'No Fee Applicable'. At the bottom, there is a status bar showing the user as MS (Monica Simpson) and the date/time as 27/02/2024 11:25:00.

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Comp
1	Non-Influenza	Shingrix	Billed with no Documentation	Claimed	No Fee Applicable	27/02/2024	27/02/2024
1	Non-Influenza	Uploaded to Netcare	Completed	External	No Fee Applicable	12/02/2024	15/02/2024
1	Influenza	Patient Ineligible	Patient Ineligible	No Product Applicable	No Fee Applicable	18/07/2023	15/02/2024

## Completing Immunizations that are ‘Saved for Later’

Call up a patient using **F3 – Patient** search or select an immunization from the **F9 – Workflow** screen. On the right-hand ribbon, under the **View** section, select **Immunizations**.

1. Call up the Patient Profile using **F3 – Patient** or selecting an incomplete immunization in **F9– Workflow**.
2. On the right-hand ribbon, select **Immunizations**.
3. Highlight the immunization (hit spacebar)
4. Type ‘F’ to Call up and complete the immunization as outlined in previous steps.

Immunizations						
P - Print/Reprint <b>F - Call up</b> C - Cancel Claim						
D - Pharmacist Declined    R - Patient Refused    space - Mark Rxs    Refresh						
#	Patient	Type	Status	Product Status	Fee Status	Created
4	Ditschun, William Paul	Non-Influenza	Signed Consent	Reversed	Not Completed Yet	05/06/2023
1020	Ditschun, William Paul	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	14/06/2023
1026	Ditschun, William Paul	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	14/06/2023
1030	Kelly-Winnicki, Gyongyi Braedan	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	16/06/2023
1031	Kelly-Winnicki, Gyongyi Braedan	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	16/06/2023
1032	Kelly-Winnicki, Gyongyi Braedan	Non-Influenza	Patient Consent Scan Skipped	Not Completed Yet	Not Completed Yet	16/06/2023
1088	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	22/06/2023
1089	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	22/06/2023
1090	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	22/06/2023
1091	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	22/06/2023
1092	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	26/06/2023
1096	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	27/06/2023
1101	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	27/06/2023
1114	Ditschun, William Paul	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	11/07/2023
1115	Ditschun, William Paul	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	12/07/2023
1123	Test, Patient	Non-Influenza	Pending	Not Completed Yet	Not Completed Yet	11/08/2023
1130	Forest, Donald	Non-Influenza	Printed Consent	Pending Claim	Pending Claim	16/08/2023
1132	Forest, Donald	Non-Influenza	Patient Consent Scan Skipped	Reversed	Not Completed Yet	17/08/2023
1136	Forest, Donald	Non-Influenza	Pending	Not Completed Yet	Not Completed Yet	23/08/2023
1129-1	Forest, Donald	Emergency Epinephrine	Signed Consent	Pending Claim	No Fee Applicable	16/08/2023

## Cancelling a Vaccine

A Vaccine can be cancelled from either the **F3 – Patient** or the **F9 – Workflow** screen. However, an immunization that is completed entirely will no longer appear in **F9 – Workflow** under the **Immunizations** tab and must be cancelled from the Patient immunization screen.

### F3-Patient/Immunization

**Immunizations**

**N - New Immunization**    **P - Print/Reprint**    **F - Claim Fee**    **C - Cancel Claim**    Show Reversals (88)    Extra Functions ▼  
**D - Pharmacist Declined**    **R - Patient Refused**    **W - Print Wallet Card**

Items (6)

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
1136	Non-Influenza	Gardasil 9 (Syringe)	Patient Consent Scan Skipped	Claimed	Claimed	23/08/2023	24/08/2023

### F9-Workflow/Immunization

Store 1 (Main) -- Workflow

File Edit Network Utilities NH Workflow Cards Session Help Version 10

**F3 - Patient**    **F5 - Drug**    **F7 - Doctor**    **F9 - Workflow**    **F11 - Drop-off**    **F12 - New Rx**    Alt+X - Start

**Immunizations**


**P - Print/Reprint**    **F - Claim Fee**    **C - Cancel Claim**    Refresh  
**D - Pharmacist Declined**    **R - Patient Refused**    **space - Mark Rxs**

#	Patient	Type	Status	Product Status	Fee Status	Created
65	Krlohmzmcmmt, Sweets Hansel	Non-Influenza	Patient Consent Scan Skipped	Claimed	Pending Claim	17/11/2025

Workflow Actions

- Rx's To Do
- Get Work
- Pending Adjudication (2)
- Trouble (0)
- ADT (0)
- ERx (0)
- Rx Counseling (0)
- Professional Services (0)
- Immunizations (1)**

- Call up the Patient Profile using **F3 – Patient** or selecting an incomplete immunization in **F9– Workflow**.
- On the right-hand ribbon, select **Immunizations**.
- Highlight the appropriate immunization record and select **C – Cancel Claim**. The claim will begin the reversal process without further prompting.

 **Note:** If a Fee for Service was billed for the Immunization, the fee portion of the record will be reversed first, and then the immunization product will be reversed thereafter. These reversals are found under the **Rxs Filled in Error** profile on the patient card.

Krlohmzmcmmt, Sweets Hansel    Modify    OK    Save    Cancel

**Profile - Rxs Filled in Error (3)**

**ESC - Back to Patient**    **F - Refill**    **R - Reprint**    **D - Detail**    Extra Functions ▼  
**space- mark multiple Rxs**    **M - Modify**    **C - Cancel**    **I - Inactivate**

#	SID	B	U	NH	Status	Doctor	Date	Orig Rx	RxNum	Qty	Auth	Rem	Days	BrandName	S
1	1	N	N		Cancel PHAP (Inact)	Simpson, Monica	17/11/2025	661709	661709	1	1	1	1	CACP Initial Assessment With APA	1
2	1	N	N		Cancelled (Inact)	Simpson, Monica	17/11/2025	661707	661707	0.5	0.5	0.5	1	Pneumovax 23 25mcg/0.5mL	1
3	1	N	N		Inact	Waters, David	18/04/2022	661573	661573	10	10	10	3	Apo-Amoxi 500mg	1

Profile

- All Rxs
- Active Rxs
- Active Rxs w/Passtimes
- Refillable Rxs
- Pricing Profile
- Not Disp./OTC Rxs
- Rxs Filled in Error**
- Cancelled Rxs

## Refused Immunizations

All refused Immunizations must be recorded on the Immunization Network. The patient or pharmacist may refuse an immunization that is not completed at any time, however, if the immunization is not recorded on the network first, an error will display indicating the missing data required.

The screenshot shows a web form titled "Influenza" for recording a refusal. At the top right, it says "Consent given by F2 Lewis, Elmer". The form fields include:

- Patient:** Lewis, Elmer
- Birth:** 13/07/1953, 70 years, Male, Plan NET
- Address:** (empty)
- Client ID:** 989274000
- Phone:** (empty)
- Allergies:** clindamycin
- Conditions:** (empty)

An error message box is overlaid on the form, titled "Can't record immunization refusal". It contains a red circle icon and the text: "This immunization refusal cannot be recorded on Netcare because the following required data haven't been provided: Product, Disp Qty, Manufacturer, Vaccine". There is an "OK" button with a green checkmark.

Below the error message, the "Emergency Contact" section is visible, with tabs for "Emergency Contact" and "Patient Consent". The "Emergency Contact" tab is active, showing fields for:

- Select Contact:** <Free-form
- Last Name:** Lewis
- First Name:** Tracy
- Relationship:** Spouse
- Daytime Phone:** 555-5555 ext (empty)
- Other Phone:** 555-5555 ext (empty)

At the bottom of the form, there are three buttons: "Save for Later" (with a red X icon), "Refuse Immunization" (highlighted with a blue border), and "Next" (with a green arrow icon).

Choose **OK** on this message and select **Next** to continue to the **Product** tab. On this tab enter the required information and then select **Refuse Immunization**.

Store 1 (Main) --1-YRK-QA-Krista:AB1030-Patient - Lewis, Elmer

File Edit Immunization View Profile Utilities NH Cards Session Help Version 10 (Citrine)

F3 - Patient F5 - Drug F7 - Doctor F9 - Workflow F10 - Pickup F11 - Drop-off F12 - New Rx Alt+X - Start

### Influenza

Consent given by F2 Lewis, Elmer

Patient Lewis, Elmer Address

Birth 13/07/1953 70 years Male Plan NET Client ID 989274000 Phone

Allergies clindamycin Conditions

Emergency Contact Patient Consent Product Locations Administration

Product\* Fluzone High-Dose Quadrivalent 60/60/60mcg/0.7mL (Pack Size 0.7 ML)

Disp Qty\* 0.7 ML DIN 02500523 UPC 697177005336

Route\* Intramuscular

Lot Number\* 1234

Expiry Date\* 31/10/2024

Vaccine\* Influenza High Dose

Manufacturer\* Abbott Laboratories

\* Required Field

Immunization

Select Doctors for Letter

Follow-ups (0)

Print Wallet Card

View

Patient Charting

Patient Documents (0)

Patient Immunizations (3)

Profile

All Rxs

Active Rxs

Active Rxs w/Passtimes

Pricing Profile

Not Disp/OTC Profile

Questions Language

Français

English

Save for Later Refuse Immunization Next

User: MS (Monica Simpson) Netcare 0 05/07/2024 08:57:42

The **Patient Ineligible** form opens, allowing the user to select from **Declined by Pharmacist**, **Patient Refused** or **Patient Ineligible** and then select a Reason. This will be recorded on the network.

Refused Immunizations will appear on network as one entry per antigen after selecting OK.

Patient Ineligible

Patient Ineligible

Reason: Refusal ☒ Record on network

**Refused immunizations will appear on network as one entry per antigen.**

Vaccine: (FLU-HD) Influenza High Dose

Antigen(s)

Code	Name
FLU	Influenza

pharmacist comment for refusal

☒ OK ☐ Cancel

If an immunization has more than one antigen, it will be recorded on the network as refused for each antigen.



**Patient Ineligible**

Patient Ineligible

Reason: Not recommended ☒ Record on network

**Refused immunizations will appear on network as one entry per antigen.**

Vaccine: (Tdap) Tetanus/Diphtheria/Acellular Pertussis

Antigen(s):

Code	Name
D	Diphtheria Toxoid
P	Pertussis
T	Tetanus Toxoid

Optional comment

**(Network) Patient Profile**

**(Network) Patient Profile**

Patient: **Lewis, Elmer** **Male** DOB: **13-Jul-1953** PHN: **989274000** Last updated: **1m ago**

Profile Allergies (32) Immunizations (5) Services (3) Notes (3)

DATA	Vaccine	Adv Reac	Refused	Status	Date Local
	Antigen: Tetanus Toxoid	No	Yes	Completed	05-Jul-2024
	Antigen: Pertussis	No	Yes	Completed	05-Jul-2024
	Antigen: Influenza	No	Yes	Completed	05-Jul-2024
	Antigen: Diphtheria Toxoid	No	Yes	Completed	05-Jul-2024
	Antigen: Bacillus Calmette Guerin (TB)	No	Yes	Completed	05-Jul-2024

Detail Extra Functions



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## Immunization Batch Lookup

### What is Immunization Batch Lookup?

This tool allows you to locate immunization records that were initially accepted by Imm/ARI but later rejected during validation processing. When the network identifies issues with submitted immunizations, you will receive notification with batch numbers to help identify and correct the affected records.

### When to Use This Feature:

- You receive a rejection notification email from Alberta Health
- Immunizations were initially accepted but later flagged for errors
- You need to locate specific immunization records by batch number
- You must correct and retransmit rejected immunizations

---

**Why this happens:** Imm/ARI performs additional validation after initial submission. Issues discovered during this process trigger rejection notifications, even though the submission appeared successful initially.

---

### Understanding Rejection Notifications

#### Email Source:

Rejection notifications are sent from **Alberta Health's Imm/ARI system**.

#### Email contains:

- **Batch Number(s):** Unique identifier for the affected immunization submission
- **Rejection Reason(s):** Description of the validation error
- **Patient Information:** May include partial patient details (depending on the error)
- **Instructions:** Guidance on correcting and resubmitting

#### Sample Email:

Sample rejection notification email from Alberta Health

## Outstanding Rejection Report for Delivery Management Site [REDACTED] - Alternate Kroll Pharmacy

This is an automated email. Please do not reply to this email.

For any information, please reach out to ImmARI business team at [REDACTED]@gov.ab.ca

Have a nice day.

Outstanding Immunization Events rejection:						
	Batch Number	Date Submitted	Immunization Date	Vaccine Code	Error Code	Reason for Rejection
	82	2023/05/03	2023/05/03	FLU-HD	11040	The Country Code must be reported.
	86	2023/05/03	2023/05/03	DA	11040	The Country Code must be reported.
	100	2023/05/04	2023/05/04	FLU	11040	The Country Code must be reported.
	102	2023/05/04	2023/05/04	HABV	11040	The Country Code must be reported.
	265	2023/05/17	1945/09/21	FLU-HD	15100	Must be a valid Vaccine Code.
	265	2023/05/17	1945/09/21	FLU-HD	15120	Must be a valid Manufacturer Code for the reported Immunization Date.
	265	2023/05/17	1945/09/21	FLU-HD	15420	Must be a valid Reason for Immunization for the reported Vaccine Code.
	265	2023/05/17	1945/09/21	FLU-HD	15460	The Immunization Date must be greater than or equal to the patient's Birth Date.
	298	2023/05/23	2023/05/23	FLU	14140	The Province Code must be reported if the Country Code is Canada.
	316	2023/05/29	2024/05/29	COVPBmRNA	15470	The Immunization Date must be less than or equal to today's date.
	321	2023/06/01	2023/05/25	RAB	15130	Must be a valid Delivery Organization of Service Code for the reported Immunization Date.
	328	2023/06/02	2008/02/10	Anth	15460	The Immunization Date must be greater than or equal to the patient's Birth Date.
	329	2023/06/02	2000/06/02	Anth	15460	The Immunization Date must be greater than or equal to the patient's Birth Date.
	331	2023/06/02	2000/06/02	Anth	15460	The Immunization Date must be greater than or equal to the patient's Birth Date.
	492	2023/07/07	2023/07/07	MMR-Var	15090	Must be a valid Reason For Immunization Code.
	492	2023/07/07	2023/07/07	MMR-Var	15420	Must be a valid Reason for Immunization for the reported Vaccine Code.
	493	2023/07/07	2023/07/07	BCG	15090	Must be a valid Reason For Immunization Code.
	493	2023/07/07	2023/07/07	BCG	15420	Must be a valid Reason for Immunization for the reported Vaccine Code.
	542	2023/07/13	2023/07/13	FLU	15420	Must be a valid Reason for Immunization for the reported Vaccine Code.
	1329	2022/10/28	2022/10/27	DTaP-IPV	15540	The Immunization Date must be less than or equal to the service patient's date of death.

### Common Rejection Reasons:

Rejection Reason	Description	Common Cause
Invalid vaccine code	Vaccine type doesn't match product	Incorrect vaccine selection in Product tab
Invalid lot number	Lot number format incorrect	Typo or invalid characters in lot number
Expired vaccine	Expiry date has passed	Vaccine administered after expiration
Invalid administration site	Site code not recognized	Incorrect selection from dropdown
Missing required field	Mandatory data not provided	Incomplete data entry
Duplicate record	Immunization already exists	Record submitted multiple times
Invalid patient information	Patient demographics don't match	PHN or demographic mismatch

## Step-by-Step: Using Immunization Batch Lookup

### Step 1: Receive and Review Rejection Email

1. Check your pharmacy email for notifications from Alberta Health
2. Locate the rejection notification email

3. Identify the following information:

- **Batch Number** (required for lookup)
- **Rejection Reason** (explains what needs correction)
- **Patient details** (if provided)

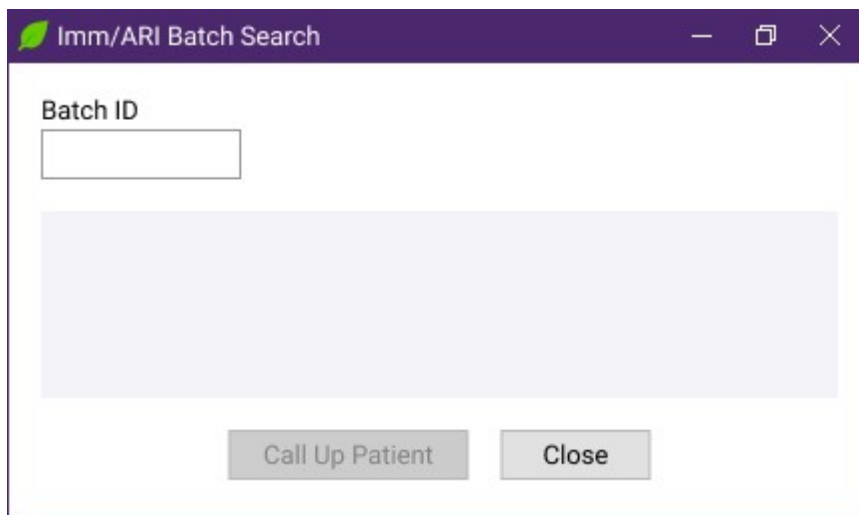
**Important:** Keep the email for reference. You will need the rejection reason to correct the issue.

---

## Step 2: Access Immunization Batch Lookup

1. From the Kroll main menu, navigate to **Network > Immunization Batch Lookup**
2. The Immunization Batch Lookup window opens

*Imm/ARI Immunization Batch Lookup Search*

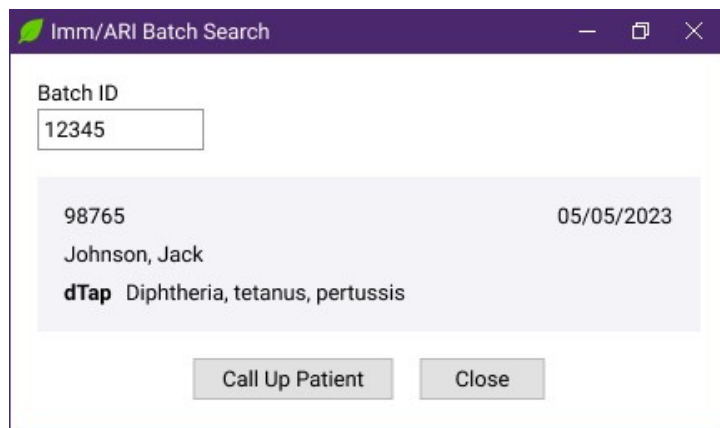


## Step 3: Enter Batch Number

1. In the **Batch ID** field, enter the batch number from the rejection email
- 

## Step 4: Retrieve the Record

1. Click **Call Up Patient**
2. The system searches for the immunization record linked to the batch number
3. The corresponding patient and immunization record display



Imm/ARI Batch Search

Batch ID

12345

98765 05/05/2023

Johnson, Jack

**dTap** Diphtheria, tetanus, pertussis

Call Up Patient Close

---

## To Correct a Vaccine noted on the Imm/ARI Batch

### Step 1: Access Patient Immunization History

1. Press **F3** to search for and open the patient profile
2. In the right-hand ribbon under **View**, select **Immunizations**
3. The patient's immunization history displays

---

### Step 2: Locate the Rejected Immunization

1. Review the immunization list
2. Identify the rejected immunization record using:
  - **Date of administration** (from rejection email or Batch Lookup)
  - **Vaccine type** (matches the rejected record)
  - **Status indicators** (may show error or pending status)
3. **Highlight** the rejected immunization record

Rejected immunization record highlighted

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Show Reversals (1)

Extra Functions

Items (4)

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
155	Non-Influenza	Adacel-Polio	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023
153	Non-Influenza	Twinrix	Patient Consent Scan Skipped	Claimed	Not Completed Yet	18/07/2023	
151	Non-Influenza	Shingrix	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023
150	Influenza	FluLaval Tetra	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023

**Tip:** The rejected record may not have a cloud symbol (☁), indicating failed transmission to Imm/ARI.

Immunizations

N - New Immunization

P - Print/Reprint

F - Claim Fee

C - Cancel Claim

Show Reversals (1)

Extra Functions

D - Pharmacist Declined

R - Patient Refused

W - Print Wallet Card

Items (5)

F2

Ins

Del

#	Type	Drug Name	Status	Product Status	Fee Status	Created	Completed
155	Non-Influenza	Adacel-Polio	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023
153	Non-Influenza	Twinrix	Patient Consent Scan Skipped	Claimed	Not Completed Yet	18/07/2023	
152	COVID19	Spikevax Bivalent (Original / Or	Completed	Reversed	No Fee Applicable	18/07/2023	18/07/2023
151	Non-Influenza	Shingrix	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023
150	Influenza	FluLaval Tetra	Completed	Claimed	No Fee Applicable	18/07/2023	18/07/2023

### Step 3: Cancel the Rejected Claim

- With the rejected immunization highlighted, select **Cancel Claim**
  - Method A:** Click the **Cancel Claim** button
  - Method B:** Right-click and select **Cancel Claim** from the menu
  - Method C:** Use the keyboard shortcut (if available)

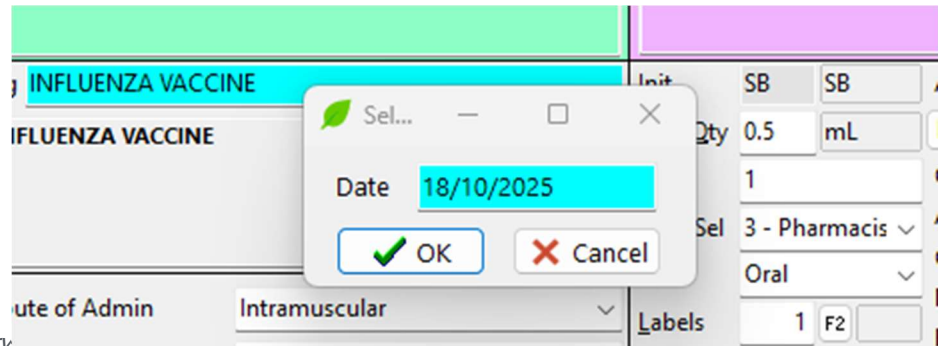
### Step 4: Complete Prescription Details with corrections

Enter all prescription information in the **F12 Fill Rx** screen:

- Select the correct **Product** (immunization vaccine)
- Enter **Quantity** (typically 1)
- Complete all required fields
- Do NOT** click F12-Fill Rx yet
- Backdate the Prescription

**Important:** The prescription must be backdated to the original administration date.

6. The Back Date Rx dialog appears
7. **Enter the original administration date** (the date the vaccine was actually given to the patient)
  1. Use the date from the cancelled immunization record
  2. This should match the date in the rejection email or Batch Lookup results
8. Click **OK**



*Back Date Rx dialog with date entry*

**Why this matters:** Backdating ensures the immunization appears in the patient's provincial record with the correct historical date, maintaining an accurate immunization timeline.

- 
9. Complete Prescription Filling
    - Verify the prescription date now shows the backdated date
    - Click **F12-Fill Rx** to continue
    - Complete the prescription filling process as normal
    - Process adjudication (if applicable)

---

### Step 5: Complete Immunization Data Entry

The **Immunization Data Entry** window appears (if using F12 Fill method) or continue through the immunization module tabs.

#### Product Tab:

1. Complete all required fields:
  - Lot Number (verify accuracy – this may have been the error)
  - Expiry Date (verify accuracy)

- Vaccine (ensure correct vaccine type is selected)
  - Manufacturer
  - Change the date to the original administered date for the patient.
2. Double-check the corrected field that caused the original rejection
  3. Click **Next**

The screenshot shows the 'Immunization Data Entry' window with the 'Administration' tab selected. The 'Date of admin' field is highlighted in red and contains the date '18/10/2025'. A validation error message is displayed in a dialog box, stating: 'Please review the following are still valid on the Product and Administration tabs: Vaccine, Manufacturer, Administration Site, Administration Reason'. The message also includes a warning icon and an 'OK' button. The background form shows fields for 'Administered by' (Scott Belfer (SB)), 'Administration site' (Left Arm - Upper), 'Vaccine dose number' (1), and 'Next planned immunization dates' (Dose d =, Series m =). At the bottom of the window are buttons for 'Record' and 'Do not record'.

#### Step 6: Record the Corrected Immunization

1. After validating all data is correct, click **Record**
2. The system saves the immunization and transmits to Imm/ARI
3. Complete any additional prompts:
  - Administration fee billing (F12 Fill screen appears if fee selected)
  - Immunization follow-up options
  - Print immunization record prompt



## Network Patient Profile

The patient's immunization claims are viewable on the **(Network) Patient Profile** under the **Immunizations** tab.

The screenshot shows a software window titled "(Network) Patient Profile". At the top, there is a patient information bar with fields for Patient name, Gender (Male), DOB, PHN, and Last updated (Just now). Below this is a tabbed interface with four tabs: Profile (5), Allergies (4), Immunizations (3), and Notes. The Immunizations tab is selected and highlighted with a red box. The main area displays a table of immunization records. The table has columns for Vaccine, Adv Reac, Refused, Effective, Status, and Date. Three records are visible: MMR and Varicella, Influenza Standard Dose, and Anthrax. Each record shows 'No' for Adv Reac and Refused, 'Yes' for Effective, and 'Completed' status with a date of 18-Jul-2023. A vertical green bar on the left side of the table indicates that more data is available. At the bottom of the window, there are buttons for Detail, Extra Functions, Cancel, and OK.

Vaccine	Adv Reac	Refused	Effective	Status	Date
MMR and Varicella	No	No	Yes	Completed	18-Jul-2023
Influenza Standard Dose	No	No	Yes	Completed	18-Jul-2023
Anthrax	No	No	Yes	Completed	18-Jul-2023

To display additional information detail the vaccine, press 'D' and the **(Network) Immunization Detail** window opens.

(Network) Immunization Detail

Immunization Administration Issues Notes Observations

Record Id **22520310020230718MMR-Var**

Vaccine Antigen(s) (4)

Name **MMR and Varicella**

Desc

Form

Code **MMR-Var** Mfr

Pack Qty Pack Type

Lot # Expiry date

Quantity Vaccine dose #

Date **18-Jul-2023** Next planned dose Renewal date

Caused an adverse reaction **NO** Effective **YES** Historical **NO**

Immunization refused **NO** Reason

Recorded At

Name **Alternate Kroll Pharmacy**

City Prov Postal

Phone ID **G5D2** Country

Continent

OK

## Influenza and Covid-19

This user guide has been created towards inserting **Non-Influenza** drug products. The Influenza and COVID-19 immunizations will follow the same workflow with the following differences:

- The **Patient Consent** questions are aligned with the appropriate Immunization.

**COVID19** Consent given by **F2 Cup, Coffee**

Patient **Cup, Coffee** Address **12 Brew Lane**

Birth **23/03/1953** **70 years** **Male** Plan **NET** Client ID **670070100** Phone

Allergies **erythromycin base** **lemon** Conditions **diabetes insipidus** **blood dyscrasias** **glaucoma**

[More \(See Patient\)](#)

Emergency Contact Patient Consent

Have you had a COVID vaccine? If so, which one did you receive and when did you receive it? **<Not Answered>**

Have you experienced major venous and/or arterial thrombosis with thrombocytopenia following vaccination with any vaccine? **<Not Answered>**

Have you experienced a previous cerebral venous sinus thrombosis (CVST) with thrombocytopenia or a heparin-induced thrombocytopenia (HIT)? **<Not Answered>**

Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones? **<Not Answered>**

Have you travelled to any countries outside Canada (including the United States) within the last 14 days? **<Not Answered>**

Did you provide care or have close contact with a person with confirmed COVID-19? **<Not Answered>**

Have you received a flu vaccine or any vaccine in the past 14 days? **<Not Answered>**

Do you have a new or changing neurological disorder? **<Not Answered>**

Have you had a serious reaction to a vaccine in the past? **<Not Answered>**

Have you ever had a serious reaction to polyethylene glycol (applicable to mRNA based vaccines only)? **<Not Answered>**

Have you ever had Guillain-Barre Syndrome within 6 weeks after receiving a vaccine? (A Yes answer is not a contraindication for mRNA based vaccines). **<Not Answered>**

- The list of **products** available for selection will be specific to the Immunization workflow chosen.

**COVID19** Consent given by **F2 Cup, Coffee**

Patient **Cup, Coffee** Address **12 Brew Lane**

Birth **23/03/1953** **70 years** **Male** Plan **NET** Client ID **670070100** Phone

Allergies **erythromycin base** **lemon** Conditions **diabetes insipidus** **blood dyscrasias** **glaucoma**

[More \(See Patient\)](#)

Emergency Contact Patient Consent Product Locations Administration

Product\* **Spikevax Bivalent (Original / Omicron BA.4/5) 0.05/0.05mg/mL (Pack Size 2.5 ML)**

Disp Qty\* **Comirnaty Original & Omicron BA.4/BA.5 15mcg/15mcg/0.3mL (Pack Size 1.8 ML)**

Route\* **Comirnaty Original & Omicron BA.4/BA.5 5mcg/5mcg/0.2mL (Pack Size 2 ML)**

Lot Number\* **COVISHIELD 500000000000 VP / 0.5 (Pack Size 5 ML)**

Expiry Date\* **Evusheld (Pack Size 3 ML)**

Vaccine\* **Janssen COVID-19 Vaccine 500000000000 VP / 0.5 (Pack Size 2.5 ML)**

Manufacturer\* **Moderna COVID-19 Vaccine 100mcg/0.5mL (Pack Size 5 ML)**

**Pfizer-BioNTech COVID-19 Vaccine 30mcg/0.3mL (Pack Size 1.5 ML)**

**Spikevax Bivalent (Original / Omicron BA.4/5) 0.05/0.05mg/mL (Pack Size 2.5 ML)**

\* Required Field

## Status Types

### Status

- **Completed:** The immunization has been completed and the claim has been recorded.
- **Completed Paper:** The immunization has been completed in *Paper mode*.
- **Declined by Pharmacist:** The immunization has been declined by the pharmacist; no claim has been sent to the network.
- **Patient Consent Scan Skipped:** The patient consent has not yet been scanned; claim has not been sent to the network.
- **Pending:** The immunization is incomplete or has been marked as 'Saved for Later'; no claim has been sent to the network.
- **Printed Consent:** The patient consent form has been printed, but not scanned back into the system; no claim has been sent to the network (*Paper mode* only).
- **Ready for Administration:** An Emergency Epinephrine shot function has been initiated, but is incomplete or has been marked as 'Saved for Later'; no claim has been sent to the network.
- **Refused by Patient:** The immunization has been refused by the patient; no claim has been sent to the network.
- **Signed Consent:** The patient consent form has been scanned back into the system.

### Product Status

- **Claimed:** The immunization or Emergency Epinephrine shot is complete; claim has been sent to the network.
- **Not Completed Yet:** The immunization or Emergency Epinephrine shot is incomplete or has been marked as 'Saved for Later'.
- **No Product Applicable:** The immunization or Emergency Epinephrine shot has been declined by the pharmacist or refused by the patient. No product has been administered nor has a claim been sent to the network.
- **Pending Claim:** The immunization or Emergency Epinephrine is complete; claim has not been sent to the network.

## Fee Status

- **No Fee Applicable:** When filling an immunization product, selecting 'Free Of Charge' in the *Administration fee* field will automatically waive the fee portion.
- **Not Completed Yet:** The Immunization or Emergency Epinephrine shot is incomplete or has been marked as 'Saved for Later'.
- **Pending Claim:** The Immunization or Emergency Epinephrine shot is complete; claim for Fee for Service has not been submitted.