

HL7 Quick Sheet

Jan 2023

VXU Message – Key Segments	
MSH	Message Header
PID	Patient Identifier
PD1	Patient Demographic
NK1	Next of Kin
ORC	Order Request
RXA	Pharmacy Administration
RXR	Pharmacy Route
OBX	Observation Result

Message Header – Key Fields	
MSH-4	Sending Facility
MSH-7	Date/Time of Message
MSH-10	Message Control Id
MSH-22	Receiving Responsible Organization

Patient Identifier – Key Fields	
PID-3	Patient ID CX
PID-5	Patient Name XPN
PID-6	Mother's Maiden XPN
PID-7	Date/Time of Birth
PID-8	Administrative Sex
PID-10	Race
PID-11	Patient Address XAD
PID-13	Phone Number XTN
PID-22	Ethnic Group
PID-24	Multiple Birth Indicator
PID-25	Birth Order
PID-29	Patient Death Date & Time
PID-30	Patient Death Indicator

Patient Demographic – Key Fields	
PD1-11	Publicity Code
PD1-12	Protection Indicator
PD1-13	Protection Indicator Date
PD1-16	Imm Registry Status
PD1-17	Imm Registry Status Date
PD1-18	Publicity Code Date

Next of Kin – Key Fields	
NK1-2	Name XPN
NK1-3	Relationship
NK1-4	Address XAD
NK1-5	Phone Number XTN

Order Request – Key Fields	
ORC-2	Placer Order Number
ORC-3	Filler Order Number
ORC-10	Entered By XCN
ORC-12	Ordering Provider XCN
ORC-17	Entering Organization

Pharmacy Admin – Key Fields	
RXA-3	Date/Time Start of Administration
RXA-5	Administered Code (CVX, NDC, CPT) <i>CVX 998 indicates non-vaccination</i>
RXA-6	Administered Amount
RXA-9	Administration Notes (admin or hist)
RXA-10	Administering Provider (clinician) XCN
RXA-11	Administered-at-Location
RXA-15	Substance Lot Number
RXA-16	Substance Expiration Date
RXA-17	Substance Manufacturer Name
RXA-18	Substance/Treatment Refusal Reason
RXA-20	Completion Status
RXA-21	Action Code – RXA

Pharmacy Route – Key Fields	
RXR-1	Route
RXR-2	Administration Site

Observation Result – Key Fields	
OBX-3	Observation Identifier
OBX-5	Observation Value
OBX-14	Date/Time of the Observation
OBX-17	Observation Method

LOINC that appear in OBX-3	
64994-7	Vaccine funding program eligibility category
30956-7	Vaccine funding source
69764-9	Document type (for VIS)
29768-9	Date Vaccine Information Statement Published
29769-7	Date Vaccine Information Statement Presented

CX Composite ID – Key Comp	
.1	ID Number
.4	Assigning Authority
.5	Identifier Type Code

XAD Address – Key Comp	
.1	Street Address
.3	City
.4	State
.5	Zip
.6	Country
.7	Address Type

XCN Persons – Key Comp	
.1	Id
.2	Family Name
.3	Given Name

XON Organizations – Key Comp	
.1	Organization Name
.7	Identifier Type Code
.10	Organization Identifier

XPN Person Name – Key Comp	
.1	Family Name
.2	Given Name
.3	Second and Further Names
.7	Name Type Code

XTN Tel Number – Key Comp	
.2	Tel. Use Code
.3	Tel. Equipment Type
.4	Email address
.5	Country Code
.6	Area Code
.7	Local Number