

## **Vendor / Transport Information Form**

The information in this form will be referenced as our HL7 staff creates the Trading Partner Agreement and adds this organization and corresponding facilities to the Tennessee Immunization Information System, TennIIS. This form should be completed by the Electronic Health Record (EHR) vendor or IT contact.

Please complete and return this form to the Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP) together with:

- Organization Contact Information Form
- Facility Contact Information Form

Contact the TennIIS Data Exchange Team at [TennIIS.MU@tn.gov](mailto:TennIIS.MU@tn.gov) if you need assistance.

### **EHR Vendor Points of Contact (POC)** – *Must include a primary and backup contact.*

The EHR vendor Point of Contact (POC) is the individual responsible for coordinating the setup and transport of messages between both the provider and TennIIS. A primary and backup contact is required. Please include unique email addresses and phone numbers for each contact, if possible.

EHR Vendor Name

Primary Facility Contact

Name

Email

Phone

Backup Facility Contact

Name

Email

Phone

### **IT Points of Contact (POC)** – *(if applicable)*

The IT Point of Contact (POC) is the individual that works with the EHR vendor and/or provider in the event additional technical assistance is needed. A primary and backup contact is required. Please include unique email addresses and phone numbers for each contact, if possible.

IT Company Name *(if different from EHR vendor)*

Primary Facility Contact

Name

Email

Phone

Backup Facility Contact

Name

Email

Phone

## HL7 Values

Please list the values that will be present in the following HL7 message fields:  
MSH-4.2 (Required. This should be the Group NPI.)

RXA-11 Values (If there are more than 5 locations/facilities, please send them in an Excel spreadsheet in the same format.)

Facility Name	RXA-11.4 ( <i>Required</i> )	RXA-11.1 ( <i>Optional, but list below if populated.</i> )

## Messaging / Submission Point of Contact (POC)

The Messaging / Submission Point of Contact (POC) is the individual responsible for uploading and submitting immunization messages to TennIIS. Please include unique email addresses and phone numbers for each contact, if possible.

### Primary Uploader

Name

Email

Phone

### Backup Uploader (Optional)

Name

Email

Phone

## Transport Method

How will you submit data electronically to TennIIS?

- Secure File Transport Protocol (SFTP) / Batch HL7
- Web Services / Real Time HL7

## Messaging Type

What types of messages will you be sending to TennIIS?

- Updates (VXUs) only
- Updates (VXUs) and queries (bi-directional trading partner)

If you will be a bi-directional trading partner, select the desired response from TennIIS.

- Complete immunization history
- Complete immunization history and forecast of next vaccine doses due

If you will be a bi-directional trading partner, does your EHR accept deletes returned?

Yes                      No

### **SFTP / Batch HL7 Only**

How often will you submit data?  
How will you authenticate?

### **Web Services / Real Time HL7 Only**

Please copy your entire MSH-4 segment below.

SAMPLE COPY