

Mandatory (M) – field **must** be populated

Required (R) – Please complete, but **only where data is available**.

- OR Mandatory where related fields are not available see Notes

Optional (O) – Supplier may choose to include this, where data is available

1. Batch Entry

Field Name	Data Type	Length / format / values	M/R/O	Notes
VaccinationType	String	Covid-19 mRNA Vaccine BNT162b2 Talent 0.5ml dose solution for injection multidose vials (Secretary of state for health)	M	Drop down list (Covid-19 Mrna = Pfizer) (Talent 0.5ml = AstraZeneca)
Manufacturer	String	AstraZeneca Pfizer	M	Drop down list
Batch Number	String	6 characters (2 Letters and 4 numbers) eg AA9999 for Pfizer 7 characters (2 letters and 5 Numbers) eg. AA99999 FOR AstraZeneca	M	
Batch Expiry date	String	10 DD/MM/YYYY	M	
Defrost Expiry Date	String	10 DD/MM/YYYY	M	Mandatory for deep freeze storage vaccines

2. Patient Entry

Field Name	Data Type	Length / format / values	M/R/O	Notes
NHS Number	Number	10	M	NHS Number
Forename	String	Up to 50 Characters	M	
Surname	String	Up to 50 Characters	M	
Gender	String	Female/Male/Not Known/Not Specified	M	Drop down list
DOB	String	10 DD/MM/YYYY	M	
Postcode	String	Up to 20 Characters	M	Value should be divided into two parts (inward & outward) separated by a single space, e.g. EC1A 1BB A Default of ZZ99 3WZ is acceptable where this has not recorded retrospectively
Email	String	Up to 50 characters	R	
Ethnicity	String	White - British White - Irish White - Any other White background Mixed - White and Black Caribbean Mixed - White and Black African Mixed - White and Asian Mixed - Any other mixed background Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Any other Asian background Black or Black British - Caribbean Black or Black British - African Black or Black British - Any other Black background Other Ethnic Groups - Chinese Any other ethnic group Not stated	M	Drop down list
Carer?	String	Yes, No, declined to answer, not known	M	Drop down list
Lives in Residential Care Home?	Number	Yes/No	R	Tick box
Works in Residential Care Home?	Number	Yes/No	R	Tick box
Employee Number	String	Up to 8 characters	R	
Staff Organisation	String	Nvarchar(max)	M	Drop down list
Staff Role	String	Nvarchar(max)	M	Drop down list

3. Pre-Screening

Field Name	Data Type	Length / format / values	M/R/O	Notes
Pre-Screening Captured Elsewhere?	String	Yes / No	M	Tick option
Date	String	10 DD/MM/YYYY	M	Tick option
Pre-screening Clinician	String	Yes / No	M	Tick option
Booking Number	Number	Up to 50 characters	R	
Have you had any vaccinations in the last 7 days?	String	Y/N	M	Tick option
Are you currently unwell with fever?	String	Y/N	M	Tick Option
Have you ever had any serious allergic reactions to any ingredients of the Covid-19 vaccines, drug, or other vaccine?	String	Y/N	M	Tick option
Have you ever had an unexplained anaphylaxis reaction?	String	Y/N	M	Tick Option
Are you, or could you be pregnant?	String	Y/N	M	Tick Option
Have you or have you been in a trial of a potential coronavirus vaccine?	String	Y/N	M	Tick Option
Are you taking anticoagulant medication, or do you have a bleeding disorder?	String	Y/N	M	Tick Option
Do you currently have any symptoms of COVID-19 infection?	String	Y/N	M	Tick Option
Consented for vaccination:	String	Yes/No	M	Tick selection
Consent Type	String	Informed Consent given for treatment Clinician decision to vaccinate following the best interests process of the Mental Capacity Act Consent given by Court Appointed Deputy Consent given by Independent Mental Capacity Advocate Consent given by person with lasting power of attorney for personal welfare Consent given by person with parental responsibility	M	Drop down list.
Pre-Screening Outcome	String	Approved for Vaccination, Vaccination not done – Contraindicated, Vaccination not done - Refused	M	Drop down list.

4. Vaccination

Field Name	Data Type	Length / format / values	M/R/O	Notes
Consented For vaccination	String	Yes / No	M	
Consent Type	String	Up to 50 Characters	R	Mandatory if Consent Yes
Vaccinated	String	Yes / No	M	
Date	String	10 DD/MM/YYYY	M	If correct date entered, A drop down will appear on Batch Number.
Prescribing Method*	Number	National Protocol (NP), National Group Directions (PGD), Patient Specific Directions (PSD)	M	Mandatory tick box, National Protocol selected as Default.
Not vaccinated Reason	String	Nvarchar(max)	R	Drop down list Mandatory if Vaccinated = No
Vaccinator forename	String	Nvarchar(max)	R	
Vaccinator Surname	String	Nvarchar(max)	R	
Vaccinator Id	String	Nvarchar(max)	R	
Vaccinator Profession	String	Nvarchar(max)	R	
Forename of Clinician drawing up Vaccine	String	Nvarchar(max)	R	
Surname of Clinician drawing up Vaccine	String	Nvarchar(max)	R	
ID of Clinician drawing up vaccine	Number	Nvarchar(max)	R	
Profession of Clinician drawing up vaccine	String	Nvarchar(max)	R	
Same as Vaccinator	Number	Tick box	R	Required if clinician details are filled in.
Clinician Drawing up Vaccine Qualified	Number	Yes/No	M	Tick selection
Supervising Clinician Forename	String	Up to 50 characters	R	Mandatory if 'is clinician drawing up vaccine qualified' is ticked no.
Supervising Clinician Surname	String	Up to 50 characters	R	Mandatory if 'is clinician drawing up vaccine qualified' is ticked no
Supervising Clinician ID	Numbers	Up to 10 characters	R	Required if details available
Supervising Clinician Profession	String	Up to 50 characters	R	Mandatory if 'is clinician drawing up vaccine qualified' is ticked no
Batch Number	String	Nvarchar(max)	M	Drop down list. Must have been entered in the batch entry screen and correct date selected.
Manufacturer	String	Pre-populated when Batch selected	M	Cannot be edited here
Batch Expiry Date	Number	Pre-populated when Batch selected	M	Cannot be edited here
Defrost Expiry Date	String	DD/MM/YYYY	M	Mandatory for Pfizer Vaccination. Use calendar icon to select date.
Vaccine Type	String	Pre-populated with batch	M	Cannot be edited here
Vaccinator Site	String	Left Thigh, Left Upper Arm, Right Upper Arm, Right Thigh	M	Drop down list
Dose	String	Administration of First Dose of SARS-CoV-2 Vaccine Administration of Second Dose of SARS-CoV-2 Vaccine	M	Drop down list

5. Adverse Reaction

Field Name	Data Type	Length / format / values	M/R/O	Notes
				These fields become Mandatory if patient has had an adverse reaction.
Reaction Type	Number	Allergy, Intolerance	M	Drop down list
Reaction	String	Injection site pain (disorder) Syncope (disorder)	M	Drop down list (different options dependant on Reaction type).

		Injection site erythema (disorder) Injection site itching (finding) Bleeding (finding) Injection site urticaria (disorder) Allergic reaction caused by vaccine product (disorder) Vaccination site swelling (disorder) Injection site pruritus (disorder) Vomiting (disorder) bronchospasm (finding) Erythema (finding) Vaccination site swelling (disorder) Seizure (finding) Dizziness (finding) Headache (finding) Nausea (finding) Tongue swelling (finding) Lip swelling (finding) Facial swelling (finding) Weal (disorder) Anaphylaxis caused by substance (disorder)		
Reaction Severity	String	Mild, Moderate, Severe	M	Drop down list
Reporting Clinician	String	Nvarchar(max)	R	Required if available
Criticality	String	High, Low, Unable to assess	M	Drop down list
Verification Status	String	Confirmed, Unconfirmed	M	Drop down list
Date First Experienced	String	10 DD/MM/YYYY	M	Select Calendar icon.
Comment	String	Nvarchar(max)	R	

Prescribing Method * - For any advice required regarding the National Protocol, please follow the link below; <https://www.gov.uk/government/publications/national-protocol-for-covid-19-mrna-vaccine-bnt162b2-pfizerbiontech>

National protocol for COVID-19 mRNA vaccine BNT162b2 (Pfizer/BioNTech)

This protocol is for the administration of COVID-19 mRNA vaccine BNT162b2 to individuals in accordance with the national COVID-19 vaccination programme. www.gov.uk

Version	Version Date	Author/Changes	Description
1.0	10/12/2020	Zaynab Bhana	Initial Version
V2	12/02/2021	Zaynab Bhana	Updated version – approved by Elizabeth Rushton
V3	25/02/2021	Zaynab Bhana	Updated – Approved by ER