## Section 1: Account and POC Information

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| --- | --- |
| **Account Name:** Click to enter text.  **Panel Name:** Click to enter text. | **Date:** Click to enter a date. |
| **Point of Contact Name (Panel Lead):** Click to enter text. |  |
| **Email:** Click to enter text.  **Do you provide Substance Use Disorder services?** Click to enter text. | **Phone Number:** Enter Phone #. |
|  |  |

**How many practices or sites does your organization support?** Click to enter text.

**Estimated patient population or patient panel size?** Click to enter text.

**The patient panel you submit allows users to view Vaccine Data in the Immutrack tool. We recommend uploading a copy of your patient panel every 30 days to maintain an accurate picture of your patient population. If interested in a different frequency, we can discuss further.**

## Section 2: Patient Panel – General Information

The patient panel you submit will enable end users in your organization to access immunization data for patients included in the panel. A [patient panel template](https://crisphealth-my.sharepoint.com/personal/leslie_ikpeze_crisphealth_org/Documents/Documents/Immutrack%20(CareGaps)/VHIPatientPanelTemplate.xlsx) will be provided, and panels can be submitted as a .csv file. All required fields are outlined at the end of the template. For detailed instructions on how to submit a panel, please refer to the [**VHI Panel Submission User Guide**](http://www.vahealthinnovation.org/wp-content/uploads/2025/01/VHI_ImmutrackPanelSubmission_UserGuide.pdf).

* User Audit: Under policy, users may only search for actively managed patients, as dictated by the patient panel. Frequent searching for patients that are not on your panel may result in a security flag.

**How will you submit your patient panels?**

|  |  |
| --- | --- |
| Panel Processor (2 submitters max.)  The **Panel Processor is the preferred method for panel**  **submission** and would require someone from your organization to upload a file on a minimum monthly basis. | MFT  Submitting via MFT **requires more IT support than the panel processor** and may be more difficult for organizations without internal IT resources. We will request additional information if you choose to move forward with this method. |

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# List of required Patient Panel Fields.

Unique Patient ID

First Name

Last Name

Address

City

State

Zip code

Birthdate

Gender

SSN- If available values

*\*See VHI Patient Panel Template.xlsx for additional formatting and column details*