Detailed Test Plan Description

Based upon the ICSR Testing Criteria Selection Chart Template, please provide a more detailed description of which portions of the ICSR standard your organization plans to test.

Company Name: _____

Contact Person's Information
- Name:
- Number:
- Email:

Based upon ICSR Testing Criteria Selection Template, summarize all test scenarios:

ICSR Story Boards Tested

Please check the related ICSR storyboard(s) that will be validated by your company's test:

- o ICSR Event Report (PORR_SN0400IUV)
- o Cosmetic as Face Paint (PORR_SN040008UV)
- o Device Reporting (PORR_SN040010UV)
- o Dietary Supplement (PORR_SN040009UV)
- o Veterinary Medicine and ICSR (PORR_SN040007UV)
- o Product Defect Reporting (PORR_SN040002UV)

Interaction(s) Used

Please check the related interaction being used

- o Individual Case Safety Report Create (PORR_IN049006UV)
- o Follow Up (Revise) ICSR Event Report (PORR_SN040003UV)
- o Individual Case Safety Report Withdraw (PORR_ IN 049008UV)

Testing Partners

Sending Organization:
Sending Organization Contact:

Sending Application:

Receiving Organization:
Receiving Organization Contact:

Receiving Application:
- o AERS
- o CVM PV Works
- o MAUDE
- o CAERS
- o OTHER: Please explain:_____

Tooling

Please describe what tool your organization plans to use to generate the HL7 ICSR XML file.

Implementation Plans

Please describe your organizations plans for implementing the HL7 ICSR.