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| New Jersey Department of Health **Vaccine Preventable Disease Program** P.O. Box 369, Trenton, NJ 08625-0369609-826-4860www.njiis.nj.gov | | | | | **NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)** duplicate record | | | | | | |
| Instructions:  1. Identify the duplicate records and choose which Registry ID to retain and which one is the duplicate. 2. Make sure the information is correct and all columns are completed. 3. The NJIIS Site Administrator (SA) should verify the information on the form, and sign and date the bottom portion of the form to authorize that the Duplicate Registry ID to be merged with Retained Registry ID is accurate. 4. **Fax the completed form to Central Jersey Family Health Consortium (CJFHC) - NJIIS QA Unit at 732-659-9180.** | | | | | | | | | | | |
| DuplicateRegistryID Number | Registrant’s Name **of record to be merged**  ***(if different)*** | | Registrant’s DOB **of record to be merged**  ***(if different)*** | Retained RegistryID Number | | Registrant’s Name **of record to be retained** | | Registrant’s DOB **of record to be retained** | | Additional Information/Comments | SA’sInitial |
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| TO BE COMPLETED BY SITE ADMINISTRATOR | | | | | | | | | | | |
| Site Name | | | | | | | Site Telephone Number | | Date Submitted | | |
| Name of Site Administrator | | | | | | | Signature of Site Administrator | | | | |
| TO BE COMPLETEDBY NJIIS 🡺 | | Date of Merge | | | | | Merge Performed By | | | | |