New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
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www.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. Your facility Site Administrator (SA) should verify the information on the form. Once verified, your SA must sign and date the bottom portion of the form to authorize that the information is accurate and complete.
4. **Fax the completed form to Central Jersey Family Health Consortium (CJFHC) - NJIIS QA Unit at 732-659-9180.**
5. Please be advised that NJIIS QA does not make changes or updates to a patient's record.

Duplicate Registry ID Number	Registrant's Name of record to be merged *(if different)*	Registrant's DOB of record to be merged *(if different)*	Retained Registry ID Number	Registrant's Name of record to be retained	Registrant's DOB of record to be retained	Additional Information/ Comments	SA's Initial

TO BE COMPLETED BY SITE ADMINISTRATOR

Site Name	Site Telephone Number	Date Submitted
Name of Site Administrator	Signature of Site Administrator	

TO BE COMPLETED BY NJIIS ➔	Date of Merge	Merge Performed By