

## HPV vaccines: Overdue report parameters

**Reports**

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### Request New Report

AIR010A - Due/Overdue Report - by Immunisation Practice

Report Criteria All fields marked with \* are mandatory

Name of Report: \*

Frequency of Report: \* Once Only Weekly Monthly Quarterly [Help](#)▼

Output of Report: \* Comma Separated (single file) Comma Separated (multiple files) [Help](#)▼

PIP Practice Id: \*

MBS Service Period: \* Include individuals seen for a MBS service within the practice in the past:  
 [Help](#)▼

Immunisation Status: \* Select the immunisation status of individuals to include in this report:  
All Individuals Not Fully Immunised Individuals

Due/Overdue by Disease: \* Include individuals overdue for:

Age Selection Range: \* By Birth Date By Age  
The maximum Age Selection Range permitted is 10 years.  
 From  To

Include individuals who have:

- Select all
- A Natural Immunity recorded.
- A Medical Contraindication recorded.
- A Catch up schedule recorded.
- Made a single visit to the practice during the MBS service period.
- Returned mail.
- Additional Vaccines Required (AVR) recorded.

**Output Settings**

A separate file will be produced for each section identified below only when options have been selected from that section. Only one file will be produced with each individual's personal details when all options of each section are not selected.

Details to include: [Help](#)▼

<b>Individual details</b> <span style="float: right;">2/13 selected ▲</span> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select all</li> <li><input type="checkbox"/> Additional Vaccines Required</li> <li><input checked="" type="checkbox"/> Address Details</li> <li><input type="checkbox"/> Addressee Name</li> <li><input type="checkbox"/> Catch up schedule</li> <li><input type="checkbox"/> Contact Number</li> <li><input type="checkbox"/> Country of Birth</li> <li><input type="checkbox"/> Email Address</li> <li><input type="checkbox"/> Indigenous Indicator</li> <li><input checked="" type="checkbox"/> Individual's Medicare Number</li> <li><input type="checkbox"/> Information Provider Individual Id</li> <li><input type="checkbox"/> Mobile Number</li> <li><input type="checkbox"/> Multiple Birth Indicator</li> <li><input type="checkbox"/> Returned Mail</li> </ul>
<b>Overdue details</b> <span style="float: right;">1/1 selected ▲</span> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Due/Overdue Details</li> </ul>
<b>Vaccine details</b> <span style="float: right;">0/3 selected ▲</span> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select all</li> <li><input type="checkbox"/> Information Provider Number</li> <li><input type="checkbox"/> Vaccination Provider Number</li> <li><input type="checkbox"/> Vaccine Details</li> </ul>
<b>Provider details</b> <span style="float: right;">0/2 selected ▲</span> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select all</li> <li><input type="checkbox"/> Information Provider Details</li> <li><input type="checkbox"/> Vaccination Provider Details</li> </ul>
<b>Exemptions</b> <span style="float: right;">0/2 selected ▲</span> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select all</li> <li><input type="checkbox"/> Medical Contraindication</li> <li><input type="checkbox"/> Natural Immunity</li> </ul>

REQUEST REPORT
BACK

### Report parameter selections:

- **Name of Report:**  
*Choose a name for the report, e.g. 'HPV 15–25'*
- **Frequency of Report:**  
*Select 'Once Only'*
- **Output of Report:**  
*Select 'Comma Separated (multiple files)'*
- **PIP Practice ID:**  
*Enter your Practice Incentive Payment (PIP) ID number*
- **MBS Service Period:**  
*Select '12 months'*
- **Immunisation Status:**  
*Select 'Not Fully Immunised'*
- **Due/Overdue by Disease:**  
*Select 'Human Papillomavirus'*
- **Age Selection Range:**  
*Select 'By Age'  
Select '15 years to 25 years'  
(maximum age range is 10 years)*
- **Include individuals who have:**  
*Leave blank*
- **Output Settings:**  
*Select details to include:*  
  - ✓ Address Details
  - ✓ Individual's Medicare Number
  - ✓ Due/Overdue Details
- **Click 'Request Report' to complete the request**