## Purpose:

The purpose of a NHSN Pre-production Test Site (NPPT) is to allow CDA Vendors and facilities creating CDAs in-house the ability to test new CDAs prior to each NHSN production release. This will allow Vendors and CDA Facilities to perform their QA earlier and roll out the new CDA versions earlier.

## Rules of Behavior:

1. No PHI.
   1. At no time shall the participating entity manually enter or import personally identifiable health data. This includes partially identifiable data containing fields such as age, race, sex, geolocation, etc. Only sample, mock, or test data shall be used.
2. Prior to importing your Test CDA into NPPT, validate the CDAs using the Lantana Validator.
   1. Example: Make sure you click on the R2-D1.1 radio button when testing the R2-D1.1 SSI, Procedure, UTI, and Dialysis.
   2. Correct any errors prior to import into NHSN
3. There is no Direct CDA Automation
4. There are no groups in NPPT
5. Analysis and Reporting (A&R) is available in NPPT
6. The primary contact shall only share the login information with their staff.
   1. Multiple users may login at the same time using the same user ID and password.
   2. Login and password is not to be shared with facility users.
7. Events and Summary Reports will be automatically deleted nightly.
   1. Deletion shall occur ~ 4.25am EST or EDT.
8. How to know what is available to test?
   1. When you first login to the site, read the pop-up “Important Message”.
   2. Email notifications will be sent.
9. Mock date set in NPPT.
   1. Prior to a Jan release, a mock date is coded so the upcoming year rules may be tested.
   2. Read the “Important Message” for mock date information.
   3. When Jan. 1 actually occurs, the clock date will be set correctly.

## Form Process

**By completing and submitting this form, you agree to comply with the Rules of Behavior.**

Please complete the form below.

Send the completed form to the [nhsncda@cdc.gov](mailto:nhsncda@cdc.gov) mailbox.

The username and password will be sent to the primary contact.

## Primary Contact Information

Name:

Organization:

Email:

Phone#:

Backup point of contact email:

## Engagement Request Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Start date (estimated): 2. Facility Type(s) Requested:   (General Hospital and/or Hemodialysis Center)   1. Names and email addresses for participating team members:   (Add more rows if needed)   |  |  | | --- | --- | | Name | Email | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |