

From: HCA Vaccination Validation Team no-reply@hcahealthcare.com  
Subject: Vaccine Information  
Date: Oct 13, 2022 at 06:43:44  
To: leslie\_vial@yahoo.com

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## Participant Detail

### 3/4 ID

EDQ8367

### Legal First Name

Leslie

### Legal Last Name

Vial

## Vaccine Consent

### Vaccine Type

FLU

### Signature Date

10/13/22

## Vaccine Detail

### Vaccine Administered Date

10/13/22

### Location where vaccine was administered

HCA Hospital

**Facility Name:**

Centennial Medical Center

**Lot**

**Number**

UT7752JA

**Type**

QIV IM PFS

**Expiration Date**

6/30/23

**Vaccine Location**

Right Deltoid

**Was a vaccine sticker provided to the participant?**

Yes

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