



The University of Texas MD Anderson Cancer Center – Education and Training

The University of Texas MD Anderson Cancer Center has partnered with CastleBranch, one of the top ten compliance management companies in the nation, to provide you a secure account to manage your time-sensitive immunization requirements.

To set up an account and upload your immunization records, please complete the following steps:

1. Go to www.CastleBranch.com and click "PLACE ORDER" in the upper right-hand corner
2. Enter the following package code: **UF56**
3. Follow the directions to set up your CastleBranch account
4. After setup is complete, you will be prompted to enter your credit card information for payment of the \$20 processing fee. Money orders and electronic checks are also accepted, but will result in an additional \$10 fee and additional turn-around time in processing
5. You must download, print and complete the four-page **Demographics and Health Questionnaire** and then upload the document into your CastleBranch account
6. Parents of applicants younger than 18 years of age must download, print and complete the **Minor Consent Form**, which must then be uploaded into the CastleBranch account

Your record status will be identified as "**In Process**" until all documents have been received and processed. You will be notified if any additional information is needed. Once CastleBranch confirms that you have met all immunization requirements, your status will be identified as "**Compliant**." You may log in to your account to monitor your order status, view your results and respond to alerts.

IMPORTANT To prevent a delay in your MD Anderson appointment start date, please create your account with CastleBranch and submit all required documents as early as possible. Your status must be "Compliant" before you can begin your appointment. See instructions on last page for printing your Compliance Summary Report (also called the To-Do-List Summary Report) and then upload a copy of your report to the Immunization Compliance Report slot in Discover.**

Contact Us:

For **technical assistance**, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help>

For questions related to **immunization requirements**, please email the University of Texas MD Anderson Cancer Center Office of Employee Health and Well-being at EHOccHealth@mdanderson.org



Immunization Requirements:

Measles, Mumps & Rubella (MMR)

There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titers for all 3 components (lab reports required)

Varicella (Chicken Pox)

There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titer (lab reports required)
- Medical documentation of history of chicken pox

TB Skin Test

There must be documentation of one of the following:

- A negative PPD skin test AND Respiratory Query within 3 months of the CastleBranch account initiation
- If PPD skin test is Positive, submit positive PPD skin test AND a Negative Chest X-Ray dated on or after the positive PPD skin test result, but within the past 10 years AND Respiratory Query within 3 months of Castle Branch account initiation.

Please note that a BLOOD TEST (e.g., QuantiFERON Gold Blood Test, T-spot, etc) is NOT ACCEPTABLE for this requirement

Tetanus, Diphtheria & Pertussis (Tdap)

Provide documentation of a Tdap booster within the past 10 years

Influenza

Submit documentation of a flu shot administered during the current flu season. Document must include the name of the recipient, the date the flu shot was given, the vaccine manufacturer, expiration date, the lot number and the signature of the health care provider, OR print and complete the ***Flu Declination Form***.

Demographics and Health Questionnaire

Download, print and complete the four-page ***Employee Health and Well-Being Form*** and upload to this requirement.

Privacy Practices

Please download the six-page ***MD Anderson Employee Health and Well-being Notice of Privacy Practices*** and confirm that you have received it.

Minor Consent Form Question

Are you over the age of 18? If no, an additional alert will be created for you to download and complete the ***Minor Consent Form***.

For titers, a lab report is required or documentation must be signed or stamped by a physician to be acceptable.

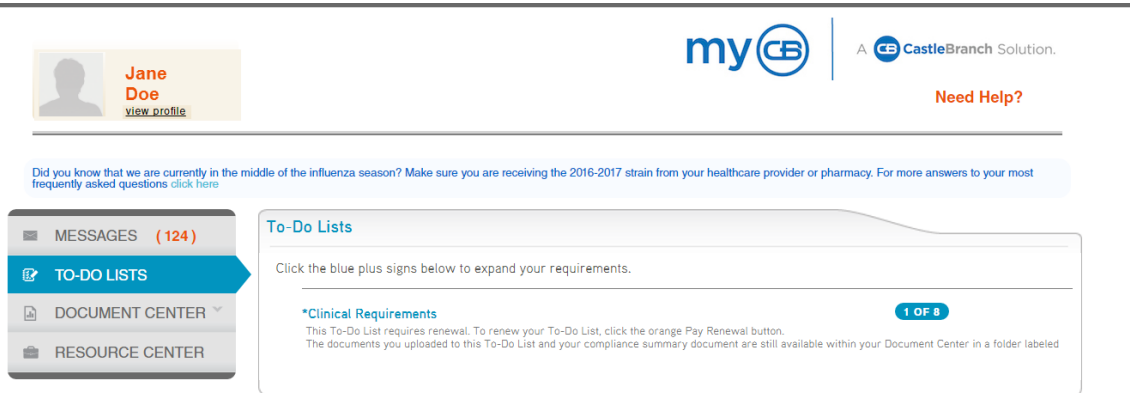
For international student immunizations/titers/chest x-rays: Applicant must submit the original foreign language document AND the translated document. Translated document must be signed or stamped by a physician to be acceptable.



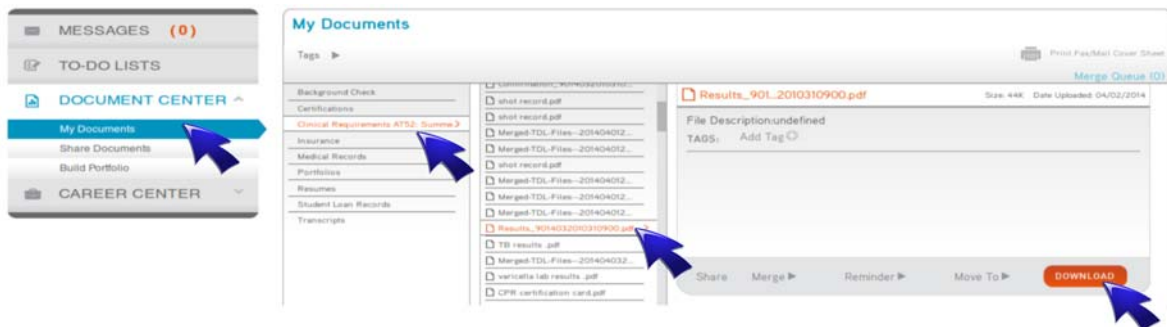
PRINTING THE COMPLIANCE REPORT

The instructions below detail the steps to print your Compliance Summary Report from Castle Branch:

- Sign in to CastleBranch



- Hover over Document Center and then click on “My Documents.”



- ⇒ A list of folders should expand on the right. Click on the 'Clinical Requirements' folder.
- ⇒ A list of files should expand toward the right. Within this list, there is a file entitled 'Results_90.....'. Click on on this file.
- ⇒ Once the file name is selected, click on the orange 'Download' button.
- ⇒ Print the To-Do-List Summary Report to verify compliance.

If you are having issues pulling your To-Do-List Summary Report, please reach out to Castle Branch and one of their Service Desk Members will assist you - contact information is provided below.

Live Chat: Chat is available via your CastleBranch Account. Click on “Need Help” on the upper right-hand corner under the CastleBranch Logo.

Contact Us: **888.914.7279** or **servicedesk.cu@castlebranch.com**

To-Do List Summary Report

Name:	University of Texas - M. D. Anderson Cancer Center - Trainee & Alumni Affairs	Current Status: COMPLIANT
Email Address:		Last Updated: 00/00/0000
SSN: ###-##-####	Clinical Requirements: UF56	
Date of Order Submission: 00/00/0000		

Name of trainee is compliant on all clinical requirements listed below.

Description:
Please use the Need Help? menu to request assistance from the CastleBranch Service Desk should you have questions on completing your requirements.

Requirement Name	Status	Details
1. Measles, Mumps & Rubella (MMR)	Complete	Response: File Uploaded. Administered Date: (Date) Enter Results: Vaccine Enter Interpretation: 2 Vaccines Administered Date Vaccine #1: (Date) Administered Date Vaccine #2: (Date)
2. Varicella (Chicken Pox)	Complete	Response: File Uploaded. Administered Date: (Date) Enter Results: Vaccine Enter Interpretation: 2 Vaccines Administered Date Vaccine #1: (Date) Administered Date Vaccine #2: (Date)
3. Tuberculosis (TB)	Complete	Response: File Uploaded. Administered Date: (Date) Enter Results: Negative Enter Interpretation: 0mm Step Administered Date: (Date) TB Questionnaire Administered Date : (Date)