

**This product was moved to Drummond Group from ICSA Labs in February 2017. Drummond accepted ICSA's test report, which is contained on the following pages.**

Jodi Gonzalez

Certification Body Manager, Drummond Group

February 2017

## ONC HIT Certification Program Test Results Summary for 2014 Edition EHR Certification

### Part 1: Product and Developer Information

#### 1.1 Certified Product Information

**Product Name:** ImmsBridge  
**Product Version:** 1.0  
**Domain:** Ambulatory  
**Test Type:** Modular EHR

#### 1.2 Developer/Vendor Information

**Developer/Vendor Name:** Computer Support Corporation  
**Address:** 4919 Old Summer Rd., Memphis, TN 38122  
**Website:** [www.sbsmem.com](http://www.sbsmem.com)  
**Email:** [sales@sbsmem.com](mailto:sales@sbsmem.com)  
**Phone:** (888) 270-7143  
**Developer/Vendor Contact:** Snowden Bunch

### Part 2: ONC-Authorized Certification Body Information

#### 2.1 ONC-Authorized Certification Body Information

**ONC-ACB Name:** ICSA Labs, an independent division of Verizon  
**Address:** 1000 Bent Creek Boulevard, Suite 200  
Mechanicsburg, PA 17050  
**Website:** <https://www.icsalabs.com/technology-program/onc-ehr>  
**Email:** [EHR@icsalabs.com](mailto:EHR@icsalabs.com)  
**Phone:** 717.790.8100  
**ONC-ACB Contact:** Amit Trivedi

This test results summary is approved for public release by the following ONC-Authorized Certification Body Representative:

Amit Trivedi

\_\_\_\_\_  
**ONC-ACB Authorized Representative**

*Amit V. Trivedi*

\_\_\_\_\_  
**Signature and Date**

12/21/2015

Program Manager – Healthcare

\_\_\_\_\_  
**Function/Title**

## 2.2 Gap Certification

The following identifies criterion or criteria certified via gap certification

§170.314			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (h)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (d)(8)	<input type="checkbox"/> (h)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (b)(5)*	<input type="checkbox"/> (d)(9)	<input type="checkbox"/> (h)(3)
<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (f)(1)	
<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (d)(5)	<input type="checkbox"/> (f)(7)**	

\*Gap certification allowed for Inpatient setting only

\*\*Gap certification allowed for Ambulatory setting only

No gap certification

## 2.3 Inherited Certification

The following identifies criterion or criteria certified via inherited certification

§170.314			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	<input type="checkbox"/> (c)(2)	<input type="checkbox"/> (f)(2)
<input type="checkbox"/> (a)(2)	<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	<input type="checkbox"/> (c)(3)	<input type="checkbox"/> (f)(3)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (f)(4) <i>Inpt. only</i>
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (d)(2)	<input type="checkbox"/> (f)(5) <i>Amb. only</i>
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (d)(3)	<input type="checkbox"/> (f)(6) <i>Amb. only</i>
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (b)(1)	<input type="checkbox"/> (d)(4)	<input type="checkbox"/> (f)(7) <i>Amb. only</i>
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (d)(5)	<input type="checkbox"/> (g)(1)
<input type="checkbox"/> (a)(8)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (g)(2)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (d)(7)	<input type="checkbox"/> (g)(3)
<input type="checkbox"/> (a)(10)	<input type="checkbox"/> (b)(5)	<input type="checkbox"/> (d)(8)	<input type="checkbox"/> (g)(4)
<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (b)(6) <i>Inpt. Only</i>	<input type="checkbox"/> (d)(9)	<input type="checkbox"/> (h)(1)
<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (b)(7)	<input type="checkbox"/> (e)(1)	<input type="checkbox"/> (h)(2)
<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (b)(8)	<input type="checkbox"/> (e)(2) <i>Amb. only</i>	<input type="checkbox"/> (h)(3)
<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(9)	<input type="checkbox"/> (e)(3) <i>Amb. only</i>	
<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (c)(1)	<input type="checkbox"/> (f)(1)	

No inherited certification

### Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: 2014-EHRA-445568-2015-1221-00

Test Date(s): 12/18/2015, 12/21/2015

#### 3.1 NVLAP-Accredited Testing Laboratory Information

**ATL Name:** ICSA Labs, an independent division of Verizon  
**Accreditation Number:** 200697-0  
**Address:** 1000 Bent Creek Boulevard, Suite 200  
 Mechanicsburg, PA 17050  
**Website:** <https://www.icsalabs.com/technology-program/onc-ehr>  
**Email:** [EHR@icsalabs.com](mailto:EHR@icsalabs.com)  
**Phone:** 717.790.8100  
**ATL Contact:** Michelle Knighton  
 For more information on scope of accreditation, please reference  
<https://www-s.nist.gov/niws/index.cfm?event=directory.search>

Part 3 of this test results summary is approved for public release by the following Accredited Testing Laboratory Representative:

Michelle Knighton  
**ATL Authorized Representative**

Health IT Test Lab Manager  
**Function/Title**

Michelle Knighton 12/21/15  
**Signature and Date**

#### 3.2 Test Information

##### 3.2.1 Additional Software Relied Upon for Certification

Additional Software	Applicable Criteria	Functionality provided by Additional Software
Centricity Practice Solution	ONC 314f2	Add/Modify Immunization data

No additional software required

##### 3.2.2 Test Tools

Test Tool	Version
<input type="checkbox"/> Cypress	
<input type="checkbox"/> ePrescribing Validation Tool	
<input type="checkbox"/> HL7 CDA Cancer Registry Reporting Validation Tool	
<input type="checkbox"/> HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool	

Test Tool	Version
<input checked="" type="checkbox"/> HL7 v2 Immunization Information System (IIS) Reporting Validation Tool	1.8.2
<input type="checkbox"/> HL7 v2 Laboratory Results Interface (LRI) Validation Tool	
<input type="checkbox"/> HL7 v2 Syndromic Surveillance Reporting Validation Tool	
<input type="checkbox"/> Transport Testing Tool	
<input type="checkbox"/> Direct Certificate Discovery Tool	
<input type="checkbox"/> Edge Testing Tool	

No test tools required

### 3.2.3 Test Data

- Alteration (customization) to the test data was necessary and is described in Appendix A
- No alteration (customization) to the test data was necessary

### 3.2.4 Standards

#### 3.2.4.1 Multiple Standards Permitted

The following identifies the standard(s) that has been successfully tested where more than one standard is permitted

Criterion #	Standard Successfully Tested	
(a)(8)(ii)(A)(2)	<input type="checkbox"/> §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	<input type="checkbox"/> §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(13)	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	<input type="checkbox"/> §170.207(j) HL7 Version 3 Standard: Clinical Genomics; Pedigree
(a)(15)(i)	<input type="checkbox"/> §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	<input type="checkbox"/> §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(16)(ii)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 3 (RFC 1305)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 4 (RFC 5905)

Criterion #	Standard Successfully Tested	
(b)(2)(i)(A)	<input type="checkbox"/> §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(7)(i)	<input type="checkbox"/> §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(8)(i)	<input type="checkbox"/> §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(e)(1)(i)	<input type="checkbox"/> Annex A of the FIPS Publication 140-2	
(e)(1)(ii)(A)(2)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 3 (RFC 1305)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 4 (RFC 5905)
(e)(3)(ii)	<input type="checkbox"/> Annex A of the FIPS Publication 140-2	
Common MU Data Set (15)	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	<input type="checkbox"/> §170.207(b)(2) The code set specified at 45 CFR 162.1002(a)(5) (HCPCS and CPT-4)

None of the criteria and corresponding standards listed above are applicable

### 3.2.4.2 Newer Versions of Standards

The following identifies the newer version of a minimum standard(s) that has been successfully tested

Newer Version	Applicable Criteria

No newer version of a minimum standard was tested

### 3.2.5 Optional Functionality

Criterion #	Optional Functionality Successfully Tested
<input type="checkbox"/> (a)(4)(iii)	Plot and display growth charts
<input type="checkbox"/> (b)(1)(i)(B)	Receive summary care record using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
<input type="checkbox"/> (b)(1)(i)(C)	Receive summary care record using the standards specified at §170.202(b) and (c) (SOAP Protocols)
<input type="checkbox"/> (b)(2)(ii)(B)	Transmit health information to a Third Party using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
<input type="checkbox"/> (b)(2)(ii)(C)	Transmit health information to a Third Party using the standards specified at §170.202(b) and (c) (SOAP Protocols)
<input type="checkbox"/> (e)(1)	View, download and transmit data to a third party utilizing the using the standard specified at §170.202(d) (Edge Protocol IG version 1.1)
<input type="checkbox"/> (f)(3)	Ambulatory setting only – Create syndrome-based public health surveillance information for transmission using the standard specified at §170.205(d)(3) (urgent care visit scenario)
<input type="checkbox"/> (f)(7)	Ambulatory setting only – transmission to public health agencies – syndromic surveillance - Create Data Elements
<input type="checkbox"/> Common MU Data Set (15)	Express Procedures according to the standard specified at §170.207(b)(3) (45 CFR162.1002(a)(4): Code on Dental Procedures and Nomenclature)
<input type="checkbox"/> Common MU Data Set (15)	Express Procedures according to the standard specified at §170.207(b)(4) (45 CFR162.1002(c)(3): ICD-10-PCS)

No optional functionality tested

### 3.2.6 2014 Edition Certification Criteria\* Successfully Tested

Criteria #		Version		Criteria #		Version	
		TP**	TD***			TP	TD
<input type="checkbox"/>	(a)(1)			<input type="checkbox"/>	(c)(1)		
<input type="checkbox"/>	(a)(2)			<input type="checkbox"/>	(c)(2)		
<input type="checkbox"/>	(a)(3)			<input type="checkbox"/>	(c)(3)		
<input type="checkbox"/>	(a)(4)			<input type="checkbox"/>	(d)(1)		
<input type="checkbox"/>	(a)(5)			<input type="checkbox"/>	(d)(2)		
<input type="checkbox"/>	(a)(6)			<input type="checkbox"/>	(d)(3)		
<input type="checkbox"/>	(a)(7)			<input type="checkbox"/>	(d)(4)		
<input type="checkbox"/>	(a)(8)			<input type="checkbox"/>	(d)(5)		
<input type="checkbox"/>	(a)(9)			<input type="checkbox"/>	(d)(6)		
<input type="checkbox"/>	(a)(10)			<input type="checkbox"/>	(d)(7)		
<input type="checkbox"/>	(a)(11)			<input type="checkbox"/>	(d)(8)		
<input type="checkbox"/>	(a)(12)			<input type="checkbox"/>	(d)(9)		
<input type="checkbox"/>	(a)(13)			<input type="checkbox"/>	(e)(1)		
<input type="checkbox"/>	(a)(14)			<input type="checkbox"/>	(e)(2) <i>Amb. Only</i>		
<input type="checkbox"/>	(a)(15)			<input type="checkbox"/>	(e)(3) <i>Amb. Only</i>		
<input type="checkbox"/>	(a)(16) <i>Inpt. Only</i>			<input type="checkbox"/>	(f)(1)		
<input type="checkbox"/>	(a)(17) <i>Inpt. Only</i>			<input checked="" type="checkbox"/>	(f)(2)	1.3	1.8.2
<input type="checkbox"/>	(a)(18)			<input type="checkbox"/>	(f)(3)		
<input type="checkbox"/>	(a)(19)			<input type="checkbox"/>	(f)(4) <i>Inpt. only</i>		
<input type="checkbox"/>	(a)(20)			<input type="checkbox"/>	(f)(5) <i>Amb. only</i>		
<input type="checkbox"/>	(b)(1)			<input type="checkbox"/>	(f)(6) <i>Amb. only</i>		
<input type="checkbox"/>	(b)(2)			<input type="checkbox"/>	(f)(7) <i>Amb. Only</i>		
<input type="checkbox"/>	(b)(3)			<input type="checkbox"/>	(g)(1)		
<input type="checkbox"/>	(b)(4)			<input type="checkbox"/>	(g)(2)		
<input type="checkbox"/>	(b)(5)			<input type="checkbox"/>	(g)(3)		
<input type="checkbox"/>	(b)(6) <i>Inpt. Only</i>			<input checked="" type="checkbox"/>	(g)(4)	1.2	
<input type="checkbox"/>	(b)(7)			<input type="checkbox"/>	(h)(1)		
<input type="checkbox"/>	(b)(8)			<input type="checkbox"/>	(h)(2)		
<input type="checkbox"/>	(b)(9)			<input type="checkbox"/>	(h)(3)		

\*For a list of the 2014 Edition Certification Criteria, please reference <http://www.healthit.gov/certification> (navigation: 2014 Edition Test Method)

\*\*Indicates the version number for the Test Procedure (TP)

\*\*\*Indicates the version number for the Test Data (TD)



### 3.2.7 2014 Clinical Quality Measures\*

Type of Clinical Quality Measures Successfully Tested:

- Ambulatory
- Inpatient
- No CQMs tested

\*For a list of the 2014 Clinical Quality Measures, please reference the CMS [eCQM Library](#) (Navigation: June 2014 and April 2014 Updates)

Ambulatory CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<input type="checkbox"/> 2		<input type="checkbox"/> 90		<input type="checkbox"/> 136		<input type="checkbox"/> 155	
<input type="checkbox"/> 22		<input type="checkbox"/> 117		<input type="checkbox"/> 137		<input type="checkbox"/> 156	
<input type="checkbox"/> 50		<input type="checkbox"/> 122		<input type="checkbox"/> 138		<input type="checkbox"/> 157	
<input type="checkbox"/> 52		<input type="checkbox"/> 123		<input type="checkbox"/> 139		<input type="checkbox"/> 158	
<input type="checkbox"/> 56		<input type="checkbox"/> 124		<input type="checkbox"/> 140		<input type="checkbox"/> 159	
<input type="checkbox"/> 61		<input type="checkbox"/> 125		<input type="checkbox"/> 141		<input type="checkbox"/> 160	
<input type="checkbox"/> 62		<input type="checkbox"/> 126		<input type="checkbox"/> 142		<input type="checkbox"/> 161	
<input type="checkbox"/> 64		<input type="checkbox"/> 127		<input type="checkbox"/> 143		<input type="checkbox"/> 163	
<input type="checkbox"/> 65		<input type="checkbox"/> 128		<input type="checkbox"/> 144		<input type="checkbox"/> 164	
<input type="checkbox"/> 66		<input type="checkbox"/> 129		<input type="checkbox"/> 145		<input type="checkbox"/> 165	
<input type="checkbox"/> 68		<input type="checkbox"/> 130		<input type="checkbox"/> 146		<input type="checkbox"/> 166	
<input type="checkbox"/> 69		<input type="checkbox"/> 131		<input type="checkbox"/> 147		<input type="checkbox"/> 167	
<input type="checkbox"/> 74		<input type="checkbox"/> 132		<input type="checkbox"/> 148		<input type="checkbox"/> 169	
<input type="checkbox"/> 75		<input type="checkbox"/> 133		<input type="checkbox"/> 149		<input type="checkbox"/> 177	
<input type="checkbox"/> 77		<input type="checkbox"/> 134		<input type="checkbox"/> 153		<input type="checkbox"/> 179	
<input type="checkbox"/> 82		<input type="checkbox"/> 135		<input type="checkbox"/> 154		<input type="checkbox"/> 182	

Inpatient CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<input type="checkbox"/> 9		<input type="checkbox"/> 71		<input type="checkbox"/> 107		<input type="checkbox"/> 172	
<input type="checkbox"/> 26		<input type="checkbox"/> 72		<input type="checkbox"/> 108		<input type="checkbox"/> 178	
<input type="checkbox"/> 30		<input type="checkbox"/> 73		<input type="checkbox"/> 109		<input type="checkbox"/> 185	
<input type="checkbox"/> 31		<input type="checkbox"/> 91		<input type="checkbox"/> 110		<input type="checkbox"/> 188	
<input type="checkbox"/> 32		<input type="checkbox"/> 100		<input type="checkbox"/> 111		<input type="checkbox"/> 190	
<input type="checkbox"/> 53		<input type="checkbox"/> 102		<input type="checkbox"/> 113			
<input type="checkbox"/> 55		<input type="checkbox"/> 104		<input type="checkbox"/> 114			
<input type="checkbox"/> 60		<input type="checkbox"/> 105		<input type="checkbox"/> 171			

### 3.2.8 Automated Numerator Recording and Measure Calculation

#### 3.2.8.1 Automated Numerator Recording

Automated Numerator Recording Successfully Tested			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (b)(8)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (b)(9)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (b)(5)	

Automated Numerator Recording was not tested

#### 3.2.8.2 Automated Measure Calculation

<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (b)(8)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (b)(9)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (b)(5)	

Automated Measure Calculation was not tested

#### 3.2.9 Attestation

Attestation Forms (as applicable)	Appendix
<input type="checkbox"/> Safety-Enhanced Design*	
<input checked="" type="checkbox"/> Quality Management System**	A
<input type="checkbox"/> Privacy and Security	

\*Required if any of the following were tested: (a)(1), (a)(2), (a)(6), (a)(7), (a)(8), (a)(16), (a)(18), (a)(19), (a)(20), (b)(3), (b)(4), (b)(9).

\*\*Required for every EHR product

### 3.3 Appendices

#### Appendix A: Quality Management System Attestation

The following Quality Management System attestation was submitted during certification testing:

<b>1</b>	<b>170.314(g)(4) Quality management system</b>
1.1	Specify if any quality management system (QMS) were used during the development, testing, implementation, or maintenance of the EHR technology for any criteria selected to be certified.
	Yes.
1.2	<p>Identify each QMS used and for which criteria it was applied.</p> <ul style="list-style-type: none"> <li>• If an industry standard QMS was applied to any of the applicable criteria, specify the QMS by name (e.g., ISO 9001, IEC 62304, ISO 13485, 21 CFR Part 820, etc.).</li> <li>• If a modified or “home-grown” QMS was applied to any of the applicable criteria, include an outline and short description of the QMS, which could include identifying any industry-standard QMS upon which it was based and modifications to that standard.</li> </ul> <p>We use home-grown QMS system. Each employee has login to the system and depending on security role they can do various things in QMS system. Our development team use QMS to track iteration status, team status, software defects, and backlog. Development team does code reviews, use test cases to work closely with functional experts and with early adaptor sites to make sure software works properly. Software is first installed on early adaptor sites to assess quality and performance before it is made available for general release. Each trainer and customer receives training on software and its new features. We have a central repository that tracks all support issues. Each such support issue is rated according to severity from no impact on patient safety to severe impact on patient safety. Support cases that impact patient safety are given the highest priority and are worked first. We can send an email blast to notify customers of critical issues. We release hot fixes as needed to resolve critical issues and have quarterly service packages. Each release tracked in our QMS system and we have separate team to verify and collect feedback from customers on each support issue.</p>

#### Test Results Summary Document History

Version	Description of Change	Date
1.0	Original	
2.0	Update to include 2014 Release 2 Certification Criterion and 2014 Clinical Quality Measures for EP and EH	

**END OF DOCUMENT**