

PRODUCT UNDER TEST

Organization Name: [eMDs](#)

Address of Vendor: [7800 Shoal Creek Blvd. East Wing 100E Austin Texas 78757](#)

Test Product Name: [Practice Partner with RelayClinical Solutions](#)

Test Product Version-with-Release: [11.1](#)

Certification Setting (Ambulatory/Inpatient): [Ambulatory](#)

EHR Module(s): [Modular EHR](#)

TEST EVENT RESULT

Criteria Tested and Passed:

[b.1 - Receive, Display, Incorporate](#)

[b.2 - Create/Transmit](#)

[b.7 - Data Portability](#)

Additional Software Used in this Test Event:

[Surescripts Clinical Direct Messaging](#)

Clinical Quality Measures Tested in this Test Event:

[None](#)

CERTIFICATION INFORMATION

Certifying ONC-ACB: [Drummond Group](#)

Certified Modules Inherited Without Testing Pending Final ONC-ACB Certification Evaluation and Decision:

- a.1 - [Computerized Physician Order Entry](#)
- a.2 - [Drug-drug, Drug-Allergy interaction checks](#)
- a.3 - [Electronically record demographics](#)
- a.4 - [Vital Signs, BMI, Growth Chart](#)
- a.5 - [Problem List](#)
- a.6 - [Medication List](#)
- a.7 - [Medication Allergy List](#)
- a.8 - [Clinical Decision Support](#)
- a.9 - [Electronic Notes](#)
- a.10 - [Drug Formulary Check](#)
- a.11 - [Smoking Status](#)
- a.12 - [Imaging Results](#)
- a.13 - [Family Health History](#)
- a.14 - [Patient List Creation](#)
- a.15 - [Patient Specific Education Resources](#)
- b.3 - [Electronic Prescribing](#)
- b.4 - [Clinical Reconciliation](#)
- b.5 - [Incorporate Lab Tests/Results](#)
- d.1 - [Authentication, Access Control, and Authorization](#)
- d.2 - [Auditable events and tamper-resistance](#)
- d.3 - [Audit Logs](#)
- d.4 - [Amendments](#)
- d.5 - [Automatic Logoff](#)
- d.6 - [Emergency Access](#)
- d.7 - [End user device encryption](#)
- d.8 - [Data Integrity](#)

- e.1 - View, Download, Transmit to a 3rd Party
- e.2 - Create Clinical Summaries (Ambulatory)
- e.3 - Secure Messaging (Ambulatory)
- f.1 - Immunization Information
- f.2 - Transmission to immunization registries
- f.3 - Transmission to public health agencies
- g.2 - Automated Measure Report (Modular or Complete EHR)
- g.3 - Safety Enhanced Design
- g.4 - Quality Measurement Systems

All Modules (Tested and Inherited) to be Evaluated for Certification by
ONC-ACB:

- a.1 - Computerized Physician Order Entry
- a.2 - Drug-drug, Drug-Allergy interaction checks
- a.3 - Electronically record demographics
- a.4 - Vital Signs, BMI, Growth Chart
- a.5 - Problem List
- a.6 - Medication List
- a.7 - Medication Allergy List
- a.8 - Clinical Decision Support
- a.9 - Electronic Notes
- a.10 - Drug Formulary Check
- a.11 - Smoking Status
- a.12 - Imaging Results
- a.13 - Family Health History
- a.14 - Patient List Creation
- a.15 - Patient Specific Education Resources
- b.1 - Receive, Display, Incorporate
- b.2 - Create/Transmit
- b.3 - Electronic Prescribing

- b.4 - Clinical Reconciliation
- b.5 - Incorporate Lab Tests/Results
- b.7 - Data Portability
- d.1 - Authentication, Access Control, and Authorization
- d.2 - Auditable events and tamper-resistance
- d.3 - Audit Logs
- d.4 - Amendments
- d.5 - Automatic Logoff
- d.6 - Emergency Access
- d.7 - End user device encryption
- d.8 - Data Integrity
- e.1 - View, Download, Transmit to a 3rd Party
- e.2 - Create Clinical Summaries (Ambulatory)
- e.3 - Secure Messaging (Ambulatory)
- f.1 - Immunization Information
- f.2 - Transmission to immunization registries
- f.3 - Transmission to public health agencies
- g.2 - Automated Measure Report (Modular or Complete EHR)
- g.3 - Safety Enhanced Design
- g.4 - Quality Measurement Systems

Additional Software Used:

Surescripts Clinical Direct Messaging, RelayHealth

Clinical Quality Measures:

None

APPROVED TEST SIGNATORY

Test Lab: Drummond Group EHR Test Lab

Personnel of Organization Leading Testing: [Sonia Galvan](#)

Location Where the Test Proctor Conducted the Testing (Remote/Onsite):
[Houston, TX](#)

Test Report Serial Number: [1988](#)

Test Lab Approved Signatory printed name:
[Sonia Galvan](#)

Test Lab Approved Signatory signature:



Test Lab Approved Signatory title or function: [Test Proctor](#)

Date: [04/26/17](#)

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Overview of Test Report Document

The test report contains two core sections. The first section is the test result details on the first page of this report. This identifies the product under test, the modules successfully tested along, other test event details and the NVLAP approved signatory signature. The “Certification Status” section of that page is a non-normative section of the test report to provide some background on modules reported by the participating organization to inherit certification or qualify for gap certification pending approval from an ONC-ACB. This section does not imply certification, but it is a reference to note certified modules explicitly not tested.

The second section is a reference to the NVLAP accreditation of the Drummond EHR Testing Lab, a DG disclaimer of testing services and a reference to the testing process described in the Drummond Group EHR Testing Guide on the www.drummondgroup.com website.

Accreditation and Disclaimers

NVLAP Statement of Accreditation

For the scope of accreditation under [NVLAP Lab Code 200979-0](#), the Drummond Group EHR Test Lab fully conducted this test event in accordance to the approved quality procedures and within the scope of its accreditation.

This report must not be used by the customer to claim product certification, approval, or endorsement by ONC, NVLAP, NIST, or any agency of the Federal Government.



NVLAP Lab Code 200979-0

Drummond Group Disclaimer

Drummond Group Inc. (DG) conducts interoperability and conformance testing in a neutral test environment for various companies and organizations ("Customer"). The fact that the name of the Customer appears in the final report is not an endorsement of the Customer or its products or services, and DG therefore makes no warranties, either express or implied, regarding any facet of the business conducted by the Customer.

No warranty of the test product is implied over and above the publishing of the results of the as completed by the Customer during the specified time period of testing as described in this test report.

The Test Report shall not be reproduced except in full, without written approval of the laboratory.

Testing Process

For details on the test process, please refer to the Testing Guide on the Drummond Group website, or for further questions, please email EHR@drummondgroup.com.

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Change History

Date and description of changes made to original version of report are recorded here. The serial number of the test report which was modified is also recorded.

| Date | Serial # | Description of Change |
|-------------|-----------------|------------------------------|
| | | Automated TRS Report |
| | | |
| | | |

END OF DOCUMENT