

InfoGard Laboratories, Inc.

an Office of the National Coordinator for Health IT-Authorized Testing and Certification Body (ONC-ATCB)

certifies that the EHR Product listed below meets the mandatory certification criteria identified in the ONC Standards and Certification Criteria Final Rule as listed on the reverse.



XLEMR

Version XLEMR MU 11.1.2

by

XLEMR

Certificate #: IG-2466-11-0019

Certified Date: February 16, 2011

Classification: Complete EHR

Practice Setting: Ambulatory

The complete list of certified EHR Products is posted on the ONC Certified HIT Product List (CHPL) website at:
<http://onc-chpl.force.com/ehrcert>.

EHR Application Identification	
Vendor Name:	XLEMR
Product Name:	XLEMR
Product Version:	XLEMR MU 11.1.2
Additional SW Required*:	SW Version and Applicable Certification Criteria
	<p>Windows XP Service Pack 3 and Microsoft Office 2003 used for all applicable requirements.</p> <p>Windows User Control via the Control Panel used for §170.302.o, §170.302.p, and §170.302.t.</p> <p>Windows Default Screen Saver functionality required for §170.302.q.</p> <p>Winzip 15 used for §170.302.u and §170.302.v.</p> <p>WinSCP version 3.4.0 used for §170.302.v.</p> <p>Microsoft Healthvault used for §170.304.g and §170.304.h.</p>

* Additional software used to satisfy select certification criteria.

Certification Criteria/Status									
General:	<input checked="" type="checkbox"/> §170.302.a	<input checked="" type="checkbox"/> §170.302.i	<input checked="" type="checkbox"/> §170.302.s	Ambulatory:	<input checked="" type="checkbox"/> §170.304.a	Inpatient:	<input type="checkbox"/> §170.306.a		
	<input checked="" type="checkbox"/> §170.302.b	<input checked="" type="checkbox"/> §170.302.j	<input checked="" type="checkbox"/> §170.302.t		<input checked="" type="checkbox"/> §170.304.b		<input type="checkbox"/> §170.306.b		
	<input checked="" type="checkbox"/> §170.302.c	<input checked="" type="checkbox"/> §170.302.k	<input checked="" type="checkbox"/> §170.302.u		<input checked="" type="checkbox"/> §170.304.c		<input type="checkbox"/> §170.306.c		
	<input checked="" type="checkbox"/> §170.302.d	<input checked="" type="checkbox"/> §170.302.l	<input checked="" type="checkbox"/> §170.302.v		<input checked="" type="checkbox"/> §170.304.d		<input type="checkbox"/> §170.306.d1		
	<input checked="" type="checkbox"/> §170.302.e	<input checked="" type="checkbox"/> §170.302.m	<input type="checkbox"/> §170.302.w		<input checked="" type="checkbox"/> §170.304.e		<input type="checkbox"/> §170.306.d2		
	<input checked="" type="checkbox"/> §170.302.f1	<input checked="" type="checkbox"/> §170.302.n			<input checked="" type="checkbox"/> §170.304.f		<input type="checkbox"/> §170.306.e		
	<input checked="" type="checkbox"/> §170.302.f2	<input checked="" type="checkbox"/> §170.302.o			<input checked="" type="checkbox"/> §170.304.g		<input type="checkbox"/> §170.306.f		
	<input checked="" type="checkbox"/> §170.302.f3	<input checked="" type="checkbox"/> §170.302.p			<input checked="" type="checkbox"/> §170.304.h		<input type="checkbox"/> §170.306.g		
	<input checked="" type="checkbox"/> §170.302.g	<input checked="" type="checkbox"/> §170.302.q			<input checked="" type="checkbox"/> §170.304.i		<input type="checkbox"/> §170.306.h		
	<input checked="" type="checkbox"/> §170.302.h	<input checked="" type="checkbox"/> §170.302.r			<input checked="" type="checkbox"/> §170.304.j		<input type="checkbox"/> §170.306.i		

Clinical Quality Measures									
Ambulatory: (per §170.304.j)	NQF 0013	NQF 0024	NQF 0028	NQF 0038	NQF 0041 PQRI 110	NQF 0059 PQRI 1	NQF 0061 PQRI 3	NQF 0064 PQRI 2	NQF 0421 PQRI 128
Inpatient: (per §170.306.i)	N/A								