REQUEST for the EuroRec Seal - Seal Level 1 – Supplier Form

This form needs to be completed and signed by the supplier requesting a EuroRec Seal for an application.

The application can be a “complete EHR system” with a complete set of functions (as described in the criteria) and a user interface.

The application can also be a subset of functions processing patient data, identified as a functional entity and intended to be at least functionally integrated into different other applications (EHR systems). The routine or tool or component can be certified as compliant with the EuroRec Seal if it meets the quality criteria identified as relevant for such a component. This means that e.g. display related criteria will not apply in case no display is offered.

> A request for a component certification requires a preliminary definition of meaningful criteria for the given application.
>
> The set of criteria tested for a component, tool or module will be added to the documentation as described further in this agreement.
>
> EuroRec has the ambition to issue specific EuroRec Seal specification for “standard” modules or applications, e.g. an ordering application or a medicinal product prescription and medication management module or an appointment system.

Applications using labelled components or modules require a separate Seal if they want to be labelled as a EuroRec Seal compatible EHR system.

The supplier agrees that his application will be tested either by EuroRec or by one of its National Partner Organisations.

The supplier agrees to provide all the information required to validate compliance of the application with the criteria listed in the EuroRec Seal.

The supplier agrees to provide or to allow EuroRec to request all relevant information on any quality labelling performed before by any other National or International Organisation, test reports included.

The documentation to be provided includes also a self evaluation of the compliance of the application with the EuroRec Seal requirements.

The supplier agrees that this information as well as the testing reports produced by EuroRec or its partners can be consulted by anyone who has any interest in the certified application being it a public authority, a (potential) user or a competitor. This consultation does not include the right to obtain a copy of that documentation or to take pictures of the documentation. This consultation will be organised by EuroRec or the applicable National Partner Organisation at a minimal fee.

The supplier has the right to request assistance from the National Partner Organisation in preparing and or pre-testing the application. A fee is due to that National Partner Organisation, to be agreed with them.

The National Partner Organisation assisting the supplier will not be responsible for the final testing against the EuroRec Seal criteria. EuroRec or another National Partner Organisation from another country will perform the final testing.

The supplier confirms that the appropriate fee for granting the EuroRec Seal will be paid to EuroRec or to the partner organisation performing the effective testing of the application before appointments for the effective testing of the application can be taken.

The National Partner Organisation assisting the supplier will be paid before setting up the final evaluation.

Add as much documentation as possible to this request, documentation describing as completely as possible your application, component or module.

The supplier confirms the completed template as being true and complete.

Date:

Representative of the Organisation Requesting the EuroRec Seal

<Name and First Name, Function and Signature>

About the Application

Name of the Application or Routine			
Version Number			
Version Name (if any)			
Date of availability			
Languages			
Country for the Seal[1]			
Country of Development			
Short Description of the application or Component			
Intended User Group(s)		Primary Care (GP) information system	
		Multidisciplinary Primary Care Health Centres	
		Specialised Ambulatory Care: specify specialties	
			Dermatology
			Ophthalmology
		Hospital Care (EHR at hospital level)	
		Specialised Departmental System: specify specialties	
			Imaging
			Lab Information System
			Internal Medicine
			Intensive Care Unit
			Admission
		Nursing Information System	
		Homecare System	
		Paramedics System: specify the profession	
Description of the (main) functionality in case of a component			
First Market Introduction			
Alternative Names			
Other countries availability			
Preferred date / period of Testing			
Comments			

[1] Complete one request for each of the countries for which a Seal is requested.

About the Supplier

Name of the Supplier		
Subsidiary of		
Address supplier	Street and Number	
	ZIP Code	
	City	
	Country	
Contact person	Name / First Name	
	Phone Number	
	Fax Number	
	eMail address	
Comments		

About previous quality labelling or certification

The organisation that performed a certification of the application and/or that was responsible for setting up a quality labelling or certification session.

Name of the Organisation		
Subsidiary / Member of		
Address supplier	Street and Number	
	ZIP Code	
	City	
	Country	
Contact person	Name / First Name	
	Phone Number	
	Fax Number	
	eMail address	
Does the organisation have any legal or public accreditation?		
Does the organisation perform quality assessment for any other kind of application or product?		
Has the organisation yet been recognised by The EuroRec Institute?		
Comments		

About the effective Quality Assessment Testing of the Application or Component

Date of session (1) & Location		
Organisation	Name	
	Address	
Description of the kind of quality assessment		
Result of the quality assessment		

Date of session (2) & Location		
Organisation	Name	
	Address	
Description of the kind of quality assessment		
Result of the quality assessment		