

# LACIE Participation Declaration

## Interfaces

Please indicate which of the following interfaces your organization has with LACIE 1.0 (Public Exchange):

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> HL7 ADT | <input type="checkbox"/> XDS.b CCD  |
| <input type="checkbox"/> HL7 ORU | <input type="checkbox"/> XDS.b CCDA |
| <input type="checkbox"/> HL7 VXU | <input type="checkbox"/> PIXv3      |

## Data Set/Modules

Please indicate all the various types of data your organization is sharing with LACIE and that has been successfully tested and validated:

- |   |  |
|---|--|
| <input type="checkbox"/> Problems           | <input type="checkbox"/> Procedures          |
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Encounter Diagnosis |
| <input type="checkbox"/> Medications        | <input type="checkbox"/> Family History      |
| <input type="checkbox"/> Immunizations      | <input type="checkbox"/> Social History      |
| <input type="checkbox"/> Advanced Directive | <input type="checkbox"/> Plan of Care        |

## Results

Please indicate all the various types of results your organization is sharing with LACIE and that has been successfully tested and validated:

- |   |  |
|---|--|
| <input type="checkbox"/> General Lab                    | <input type="checkbox"/> Discharge Summary (Inpatient only)                |
| <input type="checkbox"/> Discrete Lab                   | <input checked="" type="checkbox"/> Emergency Room Report (ER visits only) |
| <input type="checkbox"/> Microbiology                   | <input type="checkbox"/> History & Physical note-reports                   |
| <input type="checkbox"/> Anatomic Pathology             | <input type="checkbox"/> Procedure note-reports                            |
| <input type="checkbox"/> Vital Signs                    | <input type="checkbox"/> Consultation note-reports                         |
| <input type="checkbox"/> Radiology Reports (not images) | <input type="checkbox"/> Encounter Visit Summary (Ambulatory only) notes   |
| <input type="checkbox"/> Others (please list):          |  |

Please specify any other results or textual-narrative reports, notes, summaries, etc., that your organization is sharing with LACIE or interfaces you have connected with LACIE not listed above:

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Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_