Contribution ID: 5fa35d37-14b1-44b3-822f-602cc3733b80
Date: 11/04/2025 16:08:36

Original Clinical Document Evaluation Form for the Functional e2e testing MyHealth@EU Spring 2025 Test Session

Fields marked with * are mandatory.

My health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union

Evaluation Form for the Functional end-to-end Testing - Original Clinical Document

Introduction

The functional end-to-end testing validates, from the user point of view, the process and the information presented to health professionals using the MyHealth@EU services.

The evaluation is carried out for all the services in an environment that intends to emulate the normal operation as much as possible. For more details on the methodology of the testing, please check the dedicated page here.

The tool used to collect the feedback from the health professionals and semantic experts participating in the testing is the Evaluation Form, which is provided using the European Commission online tool EUSurvey.

Thank you very much for your participation.

1 Information on the participants in the evaluation

* 1.1 Please, indicate the NCPeH you are representing

IE - Ireland

* 1.2 Role of the Healthcare Professional

- ○ Doctor of medicine
- ◉ Nurse

- ○ Dental practicioner
- ○ Midwife
- ○ Pharmacist
- ○ Pharmacist technician
- ○ Other

* 1.4 Professional role of the Semantic expert

Technical Architect

2 Information on the Evaluation

* 2.1 Date of the evaluation

11/04/2025

* 2.2 Country of origin of the OrCD document being evaluated

EL - Greece

3 Identification of the patient process

3.1 Identification of the patient

3.1.1 Could the patient be identified using the fields provided by the country of origin?

(whether the returned information was sufficient to identify the patient)

- ◉ Yes
- ○ No

3.1.3 Did you encounter any technical error during the Patient Search?

- ○ Yes
- ◉ No

3.2 Identification of Authorized Third Party (Next of Kin)

(optional; Section only applicable when the identification of Authorized Third Party is supported by the implementations in both countries participating in the test)

3.2.1 Is your country implementing the identification of the Authorized Third Party (Next of Kin) operation?

- ○ Yes
- ◉ No

4 Non-Functional Requirements

* 4.1 Was the system available during the performance of the test?

- (●) Yes
- ( ) No

4.3 Response Time

	>15s	<15s	<10s
* To find the patient	( )	(●)	( )
* To retrieve the document	( )	(●)	( )

* 4.4 What is your perception of the response time?

- ( ) Good
- (●) Acceptable
- ( ) Not acceptable

5 Patient Information

5.1 Patient name and other information

5.1.1 Family name of the patient

ΔΗΜΟΥ

5.1.2 Prefix of the patient, if present

5.1.3 Given name of the patient

ΜΑΡΙΑ

5.1.4 Gender of the patient, if present

- ( ) Male
- ( ) Female
- ( ) Undifferentiated
- ( ) Null value

5.1.5 Date of birth of the patient

01/01/1975

5.2 Patient identifiers

5.2.1 Regional/National Health Id

01017515303

5.2.2 Social/Insurance Number

NA

5.2.3 Please, introduce here any comment you consider relevant regarding patient identifiers

We are unable to determine the first and last name, or gender. The data hasn't been translated to English

6 Original Clinical Document List

* 6.1 Are you able to select the specific Original Clinical Document to be accessed by looking only to the Original Clinical Document list information?

- (●) Yes
- ( ) No

* 6.3 Did you encounter problems opening this or any other Original Clinical Document?

- ( ) Yes
- (●) No

7 Original Clinical Document

7.1 Considering the information provided as a whole, do you find the service useful for the care you intend to provide?

- ( ) Yes
- (●) No

7.2 Please introduce here any comment you consider relevant regarding the question above

The data from the service needs to be translated into English so it can be understood.

8 Additional Feedback

Please, upload here additional feedback about the evaluation: ideally, the CDA document (XML file) that was displayed to you and the rendering of the CDA Display Tool (PDF file). That information will greatly help Solution Provider when evaluating the submission.

The maximum upload limit is 1 MB.

8.1 Please upload your file here:

The maximum file size is 1 MB

7719e1e0-aa82-4985-add3-bec9ccd14509/2025-04-07T08-17-11.252306Z_CDA_EHDSI---PIVOT-CDA-_L1_-VALIDATION---WAVE-8-_V8.1.0__NOT-TESTED.xml

f6c15a5b-2e88-4c78-aba4-8e20a658c492/2025-04-07T08-17-11.261043Z_CDA_EHDSI---PIVOT-CDA-_L1_-VALIDATION---WAVE-8-_V8.1.0__NOT-TESTED.xml

e62234f7-6a40-401b-9f32-6e5bb24f07be/Binary_urn_oid_2.16.840.1.113883.2.25.3.4.1_2.16.840.1.113883.2.25.3.4.1.1.12_2.16.17.710.813.1000.990.1.1.11.333_lr.pdf

34eb73eb-8d71-4717-8c23-68513a32cbfc/GR_L1_OrCD_Laboratory_Result_04_25.htm

Contact

Contact Form