# Secure Message Delivery (SMD) – Declaration of Conformity

(In accordance with AS ISO/IEC 17050.1-2005)

*Reference*

### Organisation details

*Organisation name:*

*Address:*

*Website:*

### Contact details

*Name of contact*:  *Telephone:* ( )

*Email:*

**Object of this declaration** *(more than one object may be listed if this declaration is for a system)*

*Name of implementation:*   *Version*:

*Name of implementation:*   *Version*:

*Description of implementation(s):*

**The implementation supports the following SMD roles:**

|  |  |
| --- | --- |
| *[ ]  Sender* | *[ ]  Receiver* |
| *[ ]  Sender with a Sender Intermediary* | *[ ]  Receiver with a Receiver Intermediary* |
| *[ ]  Sender Intermediary only* | *[ ]  Receiver Intermediary only* |

The implementation conforms to mandatory and conditional conformance requirements as described in the following specifications:

* E-Health Secure Message Delivery, Australian Technical Specification 5822—2010, Standards Australia, 2010
* E-Health Web Services Profile Australian Technical Specification 5820—2010, Standards Australia, 2010
* E-Health XML Secured Payload Profiles Australian Technical Specification 5821—2010, Standards Australia, 2010

**Information about the conformance test organisation:**

*[ ]  NATA-accredited test laboratory Laboratory name:*

*Conformance testing completion date (day/month/year):*

**Additional information:**

**Limitations on the validity of this declaration:**

Do you want the software system listed in the Practice Incentives Program (PIP) eHealth Product Register?

*(for information about PIP conformance requirements, refer to* [*www.nehta.gov.au/pip*](http://www.nehta.gov.au/pip)*)*

|  |
| --- |
| *[ ]  No*  |
| *[ ]  Yes, and I agree with the Vendor Terms and Conditions on the PIP eHealth Product Register website* [*https://epipregister.nehta.gov.au*](https://epipregister.nehta.gov.au) |

Do you want the software system listed in the eHealth Register of Conformity?

*(for information about the eHealth Register of Conformity, refer to the* [*NEHTA*](https://www.nehta.gov.au/our-work/ehealth-register-of-conformity) *website)*

|  |
| --- |
| *[ ]  No*  |
| *[ ]  Yes, and I agree with the Vendor Terms and Conditions on the* [*eHealth Register of Conformity webpage*](https://www.nehta.gov.au/our-work/ehealth-register-of-conformity)*.* |

*By signing below, I certify that the information I have provided on this form is accurate, complete and up‑to‑date.*

**Signed by:**

##### Name of issuer or authorised representative Signature

### *Role Date (day/month/year)*