Name of Vendor **NoemaLife S.p.A.**
Contact person Sandra Gamberini
E-mail address sgamberini@noemalife.com
Phone +39 051 4193911
Address Via Gobetti, 52 – 40129 – Bologna - Italy
Web site www.noemalife.com

1. What is the product name of your company's LIS? **DNLab**
   (For multiple products, please complete separate questionnaires.) What was the release date of its most recent version? **1.4.0.**

2. How many live systems are installed worldwide (with multi-site installations counted as one system)? **142 (255 labs)**

3. When did your first installed LIS go live? **November 2004**
   What was the date of your most recent installation? **December 2007**

4. Does your LIS handle:
   [X] bar coding/label printing?
   [X] charge capture/billing?
   [X] cumulative reporting across facility encounters?
   [X] image display within reports?
   [X] integrated chemistry, hematology, and microbiology reporting?
   [X] inventory?
   [X] management/quality reporting?
   [] multisite blood banking?
   [] multisite inventory?
   [X] multisite testing?
   [X] online test-utilization guidelines?
   [X] outreach client services?
   [] patient scheduling?
   [] preauthorization/coding validation?
   [X] remote physician ordering?
   [X] remote results reporting?
   [] scanned entry of paper-based external results?
   [X] specimen storage?
   [] telepathology?
   [X] trending of patient results?
   [] voice recognition?
   [] work flow/staff scheduling?
5. Which LIS functions are accessible via Web browser?
   []none
   [X]some (specify): Order Entry, result reporting, billing
   []all

6. What internal modules (not interfaces) are available for, or included in, your LIS?
   []blood banking
   [X]chemistry/hematology
   [X]cytology
   [X]microbiology
   [X]molecular diagnostics
   [X]pathology
   [X]other specialized applications (specify): Cytogenetics, Service, Quality control, Expert system, Dashboard, Statistics.

7. How does your LIS distribute results (specify all formats)? HL7, pdf, XML, CDA, email, fax, automatic mail service.

8. Have you installed LIS interfaces with:
   []bedside/handheld ID devices?
   [X]central data repositories?
   [X]electronic medical records?
   [X]hospital information systems?
   [X]laboratory automation systems?
   [X]microbiology systems?
   []pharmacy systems?
   [X]physician office management systems?
   [X]point-of-care testing instruments?
   [X]public health surveillance systems/registries?
   [X]reference laboratories?
   [X]single automated instruments?

9. What is the operating system for your LIS (Unix, Windows, etc.)? Windows XP, Vista (client) - Unix, Windows, Linux (server).

10. Does installing your LIS require custom programming? No.

11. What is your LIS pricing structure?
    []hardware and software purchase/license with ongoing maintenance fees
    [X]software purchase/license with ongoing maintenance fees
    []flat-fee application service provider
    []per-transaction application service provider
    []other (describe): ________________________________

12. How many LIS-support personnel does your company employ? 115

13. What are your highest-volume and lowest-volume LIS installations:
in tests per year? 30,000,000 and 250,000
in number of workstations? 470 and 3

14. What types of system failover and data recovery are performed automatically? Oracle RAC, Clustering, DB-backup.

15. In addition to traditional technical support, what resources are available to help users resolve questions? Online support, certification and accreditation suite.

16. To which data standards does your software adhere? HL7/IHE/ASTM


18. In brief, how does your LIS (not your company) differ most from competing products?
The Unique Logic Laboratory (ULL) approach, which is based on the flexible interpretation of any actual process, as well as characterized by one single structure serving all the facilities afferent to Healthcare Institution/s’ network. A single DB hosted on a single server is one of DNLab features which concurs to the application of the ULL model, guaranteeing a centralized system able to allow for maximum autonomy to every single laboratory of the network in respect of its own operations flow. As a matter of fact, to date DNLab is able to manage in one single system a network of 13 labs spread territorially over 10 hospitals, and performing 30 million tests per year.