**Mdland – iClinic v12.3 Web API Interface Document**

Version 1.0

**1. INTRODUCTION**

The MDLand EHR software platform *iClinic* v12.3 provides Application Programming Interfaces (APIs) for third-party developers to design applications. These APIs allow authorized clients to query patient health information (PHI) from the MDLand patient database via secure web services.

**MDLand Web Service URL:**

<https://api.mdland.com/>

**API Access, Authentication, and Authorization:**

A client user must send a request to the *iClinic* API administrative group to obtain a dedicated user IDs, passwords and clinic IDs:

<https://api.mdland.com/UserRequestForm>

MDLand patients are grouped by medical clinics and client authentication is authorized through a unique combination of user IDs, passwords and clinic IDs.

After successfully authenticating the user an ephemeral access token is issued and querying permissions are granted until the tokens expiration (30 minutes).

For a client to successfully query and receive a response from the MDLand servers the query must contain an active patient token - granted by the getPatientSearch API call. The MDLand patient database holds every single patients’ consent. Searching for a patient who has not consented will return a fatal error.

The response object from each and every API call will be in JSON or XML format.

**2. API DETAIL**

|  |  |
| --- | --- |
| **userAuthentication()** | |
| **URL** | https://api.mdland.com/Login/userAuthentication |
| **Usage** | Validates a UserID, Password, and ClinicID. Return an access token to be used with other APIs. |
| **Method** | POST : Request type |
| **URL Params** | UserID = {string} -- mandatory  Password = {alphanumeric} -- mandatory  ClinicID = {numeric} -- mandatory |
| **Success Response** | {code:1,message:success.,access\_token:[tokenstring]} |
| **Error Response** | {code:-1,message:Sign in failure for IC-DOCTOR. Please re-enter your ID and password. (Passwords are case-sensitive.) }  {code:-6,message:'You don't have privilege to use iClinic Mobile. Please contact your office manager. } |
| **Software required** | None |
| **Configuration** | Not required |

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| --- | --- |
| **getPatientID()** | |
| **URL** | https://api.mdland.com/Patient/GetPatientID |
| **Usage** | Validates the access token. Returns one or more patientIDs. |
| **Method** | POST : Request type |
| **URL Params** | Token = (alphanumeric) -- mandatory  PatientLastName = (alphabetic) -- mandatory  PatientFirstName = (alphabetic) -- mandatory  DOB = (date) -- mandatory  Sex = (alphabetic) -- mandatory |
| **Success Response** | {code:0,patientid:string} |
| **Error Response** | {code:402,message:Invalid Token. }  {code:500,message:No Patient found. } |
| **Software required** | None |
| **Configuration** | Not required |

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| --- | --- |
| **getPatientCCD()** | |
| **URL** | https://api.mdland.com/Patient/GetPatientCCD |
| **Usage** | Validates a user’s token and PatientID. Returns the requested patient’s CCDA-R2.1. |
| **Method** | POST : Request type |
| **URL Params** | Token = (alphanumeric) -- mandatory  PatientID = (number) -- mandatory  StartDate = (date) -- optional  EndDate = (date) -- optional |
| **Success Response** | XML = [string] {returns CCDA-R2.1} |
| **Error Response** | {code:402,message:Invalid Token. }  {code:500,message:No Patient found. } |
| **Software required** | None |
| **Configuration** | Not required |

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| --- | --- |
| **getPatientInfoByCategory()** | |
| **URL** | https://api.mdland.com/Patient/GetByCategory |
| **Usage** | Validates a user’s token and patient ID. Returns the requested patient’s information based on the category ID chosen. |
| **Method** | POST : Request type |
| **URL Params** | Token = (alphanumeric) -- mandatory  PatientID = (number) -- mandatory  CategoryID = (number) -- mandatory  StartDate = (date) -- optional  EndDate = (date) -- optional |
| **Success Response** | JSON = [string] {returns patient’s category information} |
| **Error Response** | {code:402,message:Invalid Token. }  {code:500,message:No Patient found. } |
| **Software required** | None |
| **Configuration** | Not required |

**3, Term of Use**

MDLand International Corporation (“Company”, “our”, “us”) provides the iClinic v12.3 Application Programming Interfaces (API) and the Web Service (“System”) to query patient protected health information (PHI), under the framework of meeting the Meaningful Use Stage 3 requirements. This is a legal agreement ("Agreement") between "you" ( the "Software Developer" or “your”) and the Company. BY USING THE SYSTEM AND/OR ACCEPTING THIS AGREEMENT, YOU ARE CONSENTING TO BE BOUND BY ITS TERMS. The Company is willing to supply the System and you desire to have access to the System by fully understanding the purpose of this relationship (as defined below).

IF YOU DO NOT AGREE TO THESE TERMS AND CONDITIONS, THEN YOU HAVE NO

RIGHT TO ACCESS OR USE THE SITE, SERVICES, OR CONTENT.

Company grants Software Developer non-transferable, non-exclusive, revocable, limited license

to use the System subject to the terms and conditions of this Agreement. NO RIGHTS

SHOULD BE IMPLIED UNLESS THEY ARE EXPRESSLY GRANTED HEREIN BY THE

COMPANY.

Documentation of iClinic v12.3 APIs have been made available to Software Developers

for development and testing. The Materials are provided to Software Developers as-is with no

other warranties expressed or implied. Software Developers may use the documentation with

adherence to the below terms and conditions:

Use the most up-to-date documentation available on our portal. The Company owns all the

materials provided on our portal.

Software Developers will use and disclose PHI that it receives from the MDLand only in compliance with applicable privacy and security requirements, limitations, exceptions, and restrictions of 45 C.F.R. §§160 and 164 and all other applicable Federal and state law and regulations and that it will adopt and enforce appropriate physical, administrative, and technical measures to maintain.

Software Developers are fully responsible for the products they develop. Developers are also

responsible for complying with all applicable laws, including not infringing on MDLand’s intellectual property rights. You acknowledge that the System is a data transport tool and is not intended to serve as a medical record, and that it is your sole responsibility to establish policies and procedures that ensure that the content of any data accessed through the System is used legally. It is your responsibility to obtain any and all necessary consents and to fulfill any and all

obligations that are required by HIPAA, HITECH, or other governmental statute or regulation

prior to use, disclosure, or transmission of any Protected Health Information or other data

accessed through the System. Some of our published interfaces may require you to license

additional functionality or build additional workflows. You are required to contact us so we

could deliver the best solution to our mutual customers.

You agree to indemnify, defend, and hold Company, its subsidiaries, officers, employees,

agents, contractors, and licensors harmless from and against all claims, damages, and

expenses ("Claims") arising out of or related to your use of the System, other than those Claims

arising out of or related to the Company's gross negligence, willful misconduct or fraud in

providing the System.

*Terms of Use last modified on July 17 2018*

**Appendix A: Category List and Data Structure**

**Category List**

1 - Patient

2 - Medication Allergies

3 - Lab Tests

4 - Lab Results

5 - Medications

6 - Problems

7 - Goals

8 - Immunizations

9 - Vital Signs

10 - Smoking Status

11 - Health Concern

12 - Procedures

13 - Care Team Member

14 - Assessment and Plan of Treatment

15 - Implantable Device List

**Data Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category ID** | **Element** | **CCDA Values** | **Comments** |
| **1** | **Patient** | Name | Name of the patient |
|  |  | Sex | Gender of the patient |
|  |  | Date of birth |  |
|  |  | Race |  |
|  |  | Ethnicity |  |
|  |  | Preferred language |  |
| **2** | **Medication Allergies** | Allergy/Substance | Name of the allergy |
|  |  | Allergy type/Allergen | This is mapped with the allergy as per MU requirements. |
|  |  | Reaction | One allergy can have more than one reaction |
|  |  | Severity | Every reaction will have a severity |
|  |  | Onset date | Date of onset of allergy |
|  |  | Date | Effective time when the allergy was first recorded in the application |
|  |  | Resolved date | Date when the allergy was resolved |
|  |  | Status | From the value set |
| **3** | **Lab Tests** | Test Name |  |
|  |  | Code and coding system |  |
|  |  | Vendor Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category ID** | **Element** | **CCDA Values** | **Comments** |
| **4** | **Lab Results** | Result Type |  |
|  |  | Result Value |  |
|  |  | Relevant Reference Range |  |
|  |  | Interpretation |  |
|  |  | Test Date |  |
|  |  | Result Date |  |
|  |  | Lab Name |  |
|  |  | Status | From the value set |
| **5** | **Medications** | Medication | Name of the medication |
|  |  | Code and coding system |  |
|  |  | Directions | Sig |
|  |  | Refills |  |
|  |  | Status | From the value set |
|  |  | Frequency | Used in effective time to represent medication frequency |
|  |  | Route | Optional |
|  |  | Dose Quantity | Optional |
|  |  | Instructions | Or notes |
|  |  | Start Date | Date when the medication was prescribed |
|  |  | End Date | Date when the medication was stopped |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category ID** | **Element** | **CCDA Values** | **Comments** |
| **6** | **Problems** | Problem | Name of the problem |
|  |  | SNOMED code | Code needs to be displayed on the human readable format |
|  |  | Status | Current status of the problem |
|  |  | Date | Date when the problem was added in application |
|  |  | Date of Onset | Date when the problem first occurred |
|  |  | Resolved date | Date when the problem was resolved |
|  |  | Type | Type of the problem |
| **7** | **Goals** | Goal | Goal text |
|  |  | Status | Current status of the goal |
|  |  | Value | N/A in case it’s a string |
|  |  | Date | Date when the goal was entered |
|  |  | Author | Can be provider and/or patient |
| **8** | **Immunization** | Vaccine | Vaccine for immunization |
|  |  | Code and coding system |  |
|  |  | Date | Date when the immunization was entered |
|  |  | Status | Current status of the immunization |
|  |  | Route | Optional |
|  |  | Lot number |  |
|  |  | Manufacturer name |  |
|  |  | Notes | Notes by the physician after immunization was given |
|  |  | Dose Quantity |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category ID** | **Element** | **CCDA Values** | **Comments** |
| **9** | **Vital Signs** | Name | Field name of the vital e.g. Heart Rate for all the 7 fields. Includes: § Height  § Weight  § Blood Pressure – systolic & Blood pressure – diastolic  § Heart rate  § Blood oximetry  § body temperature  § respiratory rate |
|  |  | Code and coding system |  |
|  |  | Date | Date and time when the vital was recorded |
|  |  | Result | Value of the vital i.e. results |
|  |  | Unit | Unit of the result |
| **10** | **Smoking status** | Current Smoking status | Description and value |
|  |  | Code and coding system | SNOMED code |
|  |  | Date Observed |  |
|  |  | Birth sex |  |
| **11** | **Health Concern** | Observation | Value mapped with the different elements in EHR |
|  |  | Status | Optional |
|  |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category ID** | **Element** | **CCDA Values** | **Comments** |
| **12** | **Procedures** | Code and coding system |  |
|  |  | Procedure | Name |
|  |  | Date |  |
|  |  | Status |  |
|  |  | Service delivery location |  |
| **13** | **Care Team Member** | Name | Name of care team members, separate out first name, given name, middle name, etc |
| **14** | **Assessment and Plan of treatment** | Assessment |  |
|  |  | Plan of treatment |  |
| **15** | **Implantable Device List** | UDI |  |
|  |  | Assigning authority |  |
|  |  | Device code |  |
|  |  | Scoping entity |  |

**Appendix B: Sample Output**

|  |  |
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| **UserAuthencation** | **"{\"code\":1,\"message\":\"success.\",\"access\_token\":\"fe094b27ad184d4383e8d1fb65f5825a\"}"** |
| **GetPatientID** | **"{\"code\":0,\"patientid\":\"NaE9kn2SvanqvfQ7XWZtCG\"}"** |
| **GetPatientCCD** | **Document.xml** |
| **GetByCategory** |  |
| **Patient** | **{"Patient":[{"Name":"Newman, Alice Jones","Sex":"Female","Date of birth":"5/1/1970 12:00:00 AM","Race":"White(2106-3)","Ethnicity":"Not Hispanic Or Latino(2186-5)","Preferred language":"en"}]}** |
| **Medication Allergies** | **{"Medication Allergies":[{"Allergy/Substance":"ACE Inhibitors","Allergy type/Allergen":"","Reaction":"","Severity":"","Onset date":"","Date":"","Resolved date":"","Status":"Active"},{"Allergy/Substance":"Acyclovir and Related","Allergy type/Allergen":"","Reaction":"","Severity":"","Onset date":"","Date":"","Resolved date":"","Status":"Active"},{"Allergy/Substance":"Ampicillin 500 MG CAPSULE","Allergy type/Allergen":"","Reaction":"Hives (code- 247472004, SNOMED-CT)","Severity":"Moderate","Onset date":"","Date":"","Resolved date":"","Status":"Active"},{"Allergy/Substance":"Penicillin G Sodium 5000000 UNIT SOLUTION RECONSTITUTED","Allergy type/Allergen":"","Reaction":"Hives (code- 247472004, SNOMED-CT)","Severity":"Moderate","Onset date":"","Date":"","Resolved date":"","Status":"Active"}]}** |
| **Lab Tests** | **{"labResultsTest":[{"Test Name":"Appearance Ur","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"Color Ur","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"Glucose Ur Strip-mCnc","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"Ketones Ur Strip-mCnc","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"pH Ur Strip","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"Prot Ur Strip-mCnc","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"Sp Gr Ur Strip","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"UA Dipstick Pnl Ur","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"UA Dipstick Pnl Ur","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"EKG Study","Code and coding system":"","Vendor Name":"No Lab Tests Information."},{"Test Name":"X Ray Cry UrnS Ql Micro","Code and coding system":"","Vendor Name":"No Lab Tests Information."}]}** |
| **Lab Results** | **{"labResults":[{"Result Type":"string","Result Value":"CLEAR","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Appearance Ur","Status":""},{"Result Type":"string","Result Value":"YELLOW","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Color Ur","Status":""},{"Result Type":"double","Result Value":"50","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Glucose Ur Strip-mCnc","Status":""},{"Result Type":"string","Result Value":"Negative","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Ketones Ur Strip-mCnc","Status":""},{"Result Type":"double","Result Value":"5.0","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"pH Ur Strip","Status":""},{"Result Type":"double","Result Value":"100","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Prot Ur Strip-mCnc","Status":""},{"Result Type":"double","Result Value":"1.015","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"Sp Gr Ur Strip","Status":""},{"Result Type":"string","Result Value":"","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"UA Dipstick Pnl Ur","Status":""},{"Result Type":"string","Result Value":"","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"UA Dipstick Pnl Ur","Status":""},{"Result Type":"string","Result Value":"","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"EKG Study","Status":""},{"Result Type":"string","Result Value":"","Relevant Reference Range":"","Interpretation":"","Test Date":"","Result Date":"","Lab Name":"X Ray Cry UrnS Ql Micro","Status":""}]}** |
| **Medications** | **{"medications":[{"Medication":"Tylenol Extra Strength 500 MG TABLET","Code and coding system":"","Directions":"2 tablets (1,000 mg) orally one time","Refills":"","Status":"","Frequency":"","Route":"","Dose Quantity":"2","Instructions":"","Start Date":"","End Date":""},{"Medication":"CefTRIAXone Sodium 100 GM SOLUTION RECONSTITUTED","Code and coding system":"","Directions":"1 Container Injectable Two times daily 1 day(s)","Refills":"","Status":"","Frequency":"","Route":"","Dose Quantity":"2","Instructions":"","Start Date":"","End Date":""},{"Medication":"Aranesp (Albumin Free) 500 MCG/ML","Code and coding system":"","Directions":"1 ml (500 mcg) subcutaneously every 2 weeks","Refills":"","Status":"","Frequency":"","Route":"","Dose Quantity":"1","Instructions":"","Start Date":"","End Date":""}]}** |
| **Problems** | **{"problems":[{"Problem":"Severe Hypothyroidism","SNOMED code":"83986005","Status":"Active","Date":"2006/12/31 0:00:00","Date of Onset":"2006/12/31 0:00:00","Resolved date":"2006/12/31 0:00:00","Type":"Active"},{"Problem":"Overweight (finding)","SNOMED code":"238131007","Status":"Inactive","Date":"2006/12/31 0:00:00","Date of Onset":"2006/12/31 0:00:00","Resolved date":"2006/12/31 0:00:00","Type":"Inactive"},{"Problem":"Essential hypertension","SNOMED code":"59621000","Status":"Active","Date":"2011/10/5 0:00:00","Date of Onset":"2011/10/5 0:00:00","Resolved date":"2011/10/5 0:00:00","Type":"Active"},{"Problem":"Chronic Rejection of Renal Transplant","SNOMED code":"236578006","Status":"Active","Date":"2011/12/31 0:00:00","Date of Onset":"2011/12/31 0:00:00","Resolved date":"2011/12/31 0:00:00","Type":"Active"},{"Problem":"Fever","SNOMED code":"386661006","Status":"Active","Date":"2015/6/22 0:00:00","Date of Onset":"2015/6/22 0:00:00","Resolved date":"2015/6/22 0:00:00","Type":"Active"},{"Problem":"Acute myeloid leukemia with 11q23-abnormality in remission(C92.61)","SNOMED code":"C92.61","Status":"Active","Date":"2018/5/29 21:38:00","Date of Onset":"2018/5/29 21:38:00","Resolved date":"2018/5/29 21:38:00","Type":"Active"}]}** |
| **Goals** | **{"Goals":[{"Goal":"Get rid of intermittent fever that is occurring every few weeks.","Status":"","Value":"N/A","Date":"20150622","Author":""},{"Goal":"Need to gain more energy to do regular activities","Status":"","Value":"N/A","Date":"20150622","Author":""}]}** |
| **Immunization** | **{"immunizations":[{"Vaccine":"88","Code and coding system":"","Date":"2014/5/10 0:00:00","Status":"","Route":"","Lot number":"1","Manufacturer name":"Abbott Laboratories","Notes":"","Dose Quantity":"1"},{"Vaccine":"106","Code and coding system":"","Date":"2012/1/4 0:00:00","Status":"","Route":"","Lot number":"2","Manufacturer name":"Acambis, Inc","Notes":"","Dose Quantity":"2"},{"Vaccine":"166","Code and coding system":"","Date":"2015/6/22 0:00:00","Status":"","Route":"","Lot number":"0","Manufacturer name":"Abbott Laboratories","Notes":"","Dose Quantity":"0"}]}** |
| **Vital Signs** | **{"Vital Signs":[{"Height":"177cm","Weight":"88kg","Blood Pressure – systolic & Blood pressure – diastolic":"145mm[Hg]&88mm[Hg]","Heart rate":"","Blood oximetry":"80/min","body temperature":"38Cel","respiratory rate":"18/min","Code and coding system":"","Date":"2015/6/22 2:52:00","Result":"","Unit":""},{"Height":"177cm","Weight":"88kg","Blood Pressure – systolic & Blood pressure – diastolic":"145mm[Hg]&88mm[Hg]","Heart rate":"","Blood oximetry":"80/min","body temperature":"38Cel","respiratory rate":"18/min","Code and coding system":"","Date":"2015/6/22 2:52:00","Result":"","Unit":""}]}** |
| **Smoking status** | **{"smokingStatus":[{"Current Smoking status":"Current every day smoker","Code and coding system":"","Date Observed":"2015/6/22 0:00:00","Birth sex":"Female"}]}** |
| **Health Concern** | **{"Health Concern":[{"Observation":"Chronic Sickness exhibited by patient","Status":"","Date":"2015/6/22 0:00:00"},{"Observation":"HealthCare Concerns refer to underlying clinical facts\ni. Documented HyperTension problem\nii. Documented HypoThyroidism problem\niii. Watch Weight of patient","Status":"","Date":"2015/6/22 0:00:00"}]}** |
| **Procedures** | **{"Procedures":[{"Code and coding system":"2.16.840.1.113883.6.12","Procedure":"BODY MASS INDEX DOCD","Date":"2015/6/22 0:00:00","Status":"No Procedures information.","Service delivery location":"No Procedures information."},{"Code and coding system":"2.16.840.1.113883.6.12","Procedure":"CALC BMI ABV UP PARAM F/U","Date":"2015/6/22 0:00:00","Status":"No Procedures information.","Service delivery location":"No Procedures information."},{"Code and coding system":"2.16.840.1.113883.6.96","Procedure":"Introduction of cardiac pacemaker system via vein -","Date":"2015/6/22 0:00:00","Status":"No Procedures information.","Service delivery location":"No Procedures information."},{"Code and coding system":"2.16.840.1.113883.6.96","Procedure":"Nebulizer Therapy -","Date":"2015/6/22 0:00:00","Status":"No Procedures information.","Service delivery location":"No Procedures information."},{"Code and coding system":"No Procedures information.","Procedure":"Cardiac resynchronization therapy implantable pacemaker","Date":"0001/1/1 0:00:00","Status":"No Procedures information.","Service delivery location":"No Procedures information."}]}** |
| **Care Team Member** | **{"Care Team Member":[{"full name":"Tracy, Davis"},{"full name":"Tracy, Davis"}]}** |
| **Assessment and Plan of treatment** | **{"Assessment and Plan of treatment":[{"Assessment":"Assessment:<br />i. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day.","Plan of treatment":"Plan of Treatment:<br />i. Get an EKG done on 6/23/2015.<br />ii. Get a Chest X-ray done on 6/23/2015 showing the Lower Respiratory Tract Structure.<br />iii. Take Clindamycin 300mg three times a day as needed if pain does not subside/10<br />iv. Schedule follow on visit with Neighborhood Physicians Practice on 7/1/2015.<br /><br />Goals:<br />a. Get rid of intermittent fever that is occurring every few weeks.<br />b. Need to gain more energy to do regular activities<br /><br />HealthConcerns:<br />a. Chronic Sickness exhibited by patient<br />b. HealthCare Concerns refer to underlying clinical facts<br /> i. Documented HyperTension problem<br /> ii. Documented HypoThyroidism problem<br /> iii. Watch Weight of patient<br /><br />"}]}** |
| **Implantable Device List** | **{"Implantable Device List":[{"UDI":"3008F","Assigning authority":"FDA","Device code":"","Scoping entity":"FDA"},{"UDI":"G8417","Assigning authority":"FDA","Device code":"","Scoping entity":"FDA"},{"UDI":"175135009","Assigning authority":"FDA","Device code":"","Scoping entity":"FDA"},{"UDI":"56251003","Assigning authority":"FDA","Device code":"82094008-Lower Respiratory Tract Structure","Scoping entity":"FDA"},{"UDI":"(01)00643169007222(17)160128(21)BLC200461H","Assigning authority":"FDA","Device code":"704708004-Cardiac resynchronization therapy implantable defibrillator","Scoping entity":"FDA"}]}** |