BY ORDER OF THE COMMANDER

Central Command Regulation 40-5 (CCR 40-5), April 9, 2025

HEADQUARTERS UNITED STATES CENTRAL COMMAND
OFFICE OF THE CHIEF OF STAFF
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Medical Services
MEDICAL INFORMATION SYSTEMS

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SUMMARY OF REVISIONS

This publication has been revised to include updates to references related to the Department of Defense. Additionally, all mentions of the legacy Medical Situational Awareness Tool system have been removed, as it has been officially decommissioned. It has also been updated to include requirements to utilize the Theater Blood Management Tool within the Theater Medical Data Store for comprehensive management of United States Central Command's blood inventory. These changes ensure that the document remains current and accurately reflects the latest development and standards within the field.

1. PURPOSE

This regulation focuses on health information management supported by a range of Medical Information Systems (MIS) within the United States Central Command (USCENTCOM) area of responsibility (AOR). MIS are designed for austere environments to support healthcare documentation for both inpatient and outpatient, medical supply and equipment tracking, management of patient movement, health surveillance, and Joint lessons learned. The single goal is to improve efficiency of health care operations within the AOR.

2. APPLICABILITY

This regulation applies to:

   a. USCENTCOM Service Components, Combined Joint Task Forces (CJTFs) and other Joint Task Forces operating within the geographic AOR assigned to USCENTCOM by the Unified Command Plan.

   b. Department of Defense (DoD) civilian medical employees and DoD medical contractor or sub-contractor personnel deploying with United States (U.S.) forces (hereafter referred to as "DoD personnel") consistent with DoD and Service-specific guidance.

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    c. Any non-DoD personnel who under a bilateral/multilateral agreement are assigned and/or allocated to work in a U.S.-commanded Military Treatment Facility (MTF) (ashore or afloat).

    d. DoD personnel assigned and/or allocated to work within a Department of State-led healthcare facility.

3. REFERENCES

    a. Health.mil, the official website of the Military Health System and the Defense Health Agency website, found on Nonclassified Internet Protocol Router Network (NIPRNet) at: https://health.mil/dha.

    b. USCENTCOM Regulation (CCR) 25-28, *Integrated Information Technology Management*, January 19, 2024

    c. USCENTCOM Strategy, Plans and Policy (CCJ5) General Administration Message, *USCENTCOM FY 25 Pre-Deployment Training Theater Entry Requirements*, September 7, 2024

    d. USCENTCOM Surgeon General, General Administration Message, *Implementation of Standard Operating Procedures For Use of AIDE* Medical Common Operating Picture *(MEDCOP)*, September 19, 2022

    e. Department of Defense Instruction (DoDI) 8500.01, *Cybersecurity*, Incorporating Change 1, October 7, 2019

    f. DoDI 6040.45, *Health Record Life Cycle Management*, Incorporating Change 1, April 11, 2017

    g. DoDI 8510.01, *Risk Management Framework for DoD Systems*, July 19, 2022

    h. DoDI 6025.18, *Privacy of Health Information in DoD Health Care Programs*, March 13, 2019

    i. Joint Operational Medicine Information Systems (JOMIS) official milSuite site, found on NIPRNet at: https://www.milsuite.mil/book/community/spaces/jomis/

4. TERMS AND DEFINITIONS

Terms used in this regulation, not found in Joint Publication 1, Volume 2, *The Joint Force*, June 19, 2020, are defined in Appendix B.

5. POLICY

USCENTCOM supports DoD directives, instructions, and policies for the ongoing capture, reporting, analysis, transfer, and storage of military healthcare information starting from point of injury/illness through a continuum of care to a U.S. support base. USCENTCOM medical facilities will use MIS and applications in contrast to garrison treatment facilities. As such, medical, dental, and veterinary units will have a working knowledge of respective systems and

applications for use in the operational environment despite regular and off-cycle unit and individual rotations.

6. RESPONSIBILITIES

a. United States Central Command Chief of Staff:

(1) Supports an MIS program that emphasizes integration of an enterprise-wide medical information network for Joint, combined, and interagency health services.

(2) Monitors the effectiveness of USCENTCOM's healthcare information exchange within the AOR.

b. United States Central Command and Control, Communication and Computers Directorate:

(1) Provides services to facilitate information management and sharing, and support for operating all associated systems as mission requirements dictate.

(2) Establishes comprehensive approval processes for information software, systems, and associated products required to electronically collect, store, retrieve, and transfer information within the USCENTCOM IT Enterprise.

(3) Provides technical support and assistance for MIS, software, and associated products.

(4) Ensures systems have a letter of introduction prior to connecting to systems in the AOR.

c. United States Central Command Service Components and Combined Joint Task Force Commanders: Promote the implementation of this regulation.

d. United States Central Command Surgeon:

(1) Establishes and maintains USCENTCOM's MIS program consistent with DoD directives, instructions, and policies.

(2) Monitors theater compliance with all DoD mandated MIS and applications.

(3) Establishes mandatory pre-deployment training guidance regarding the use of JOMIS products.

(4) Monitors the deployment and integration of new and modernized MIS equipment, software, and services.

(5) Defines theater MIS minimum requirements by medical capability.

(6) Maintains up to date information regarding authority to connect and letter of introduction status of systems, and makes available via SharePoint.

(7) Directs the use of the Automated Information Discovery Environment Medical Common Operating Picture (MEDCOP) suite of applications as the theater medical reporting system of record for USCENTCOM Service Components, CJTF Command Surgeons, and subordinate healthcare units' use.

(8) Endorses Joint Lessons Learned Information System (JLLIS) as the program to capture and disseminate medical, dental, and veterinary observations, issues, and lessons learned generated by Joint operations, exercises, training events, and after-action reports.

(9) Supports the utilization of Telehealth Services to extend medical knowledge and capability far afield reducing risks associated with evacuation and travel.

e. United States Central Command Service Component and Combined Joint Task Force Command Surgeons:

(1) Implement this regulation for Medical Logistics (MEDLOG), and Veterinary Services under their operational and tactical control.

(2) Establish network connectivity and authority to operate required MIS and ensure units report status via MEDREPORTS application on MEDCOP IAW Reference (d).

(3) Execute and monitor medical information standards, systems, policies, and procedures for military medical entities (medical units and MTFs) under their operational control pursuant to DoD instructions, policies, Service-specific policies, and this regulation.

(4) Direct all operational healthcare units, upon entering and exiting USCENTCOM's theater, to submit/update information within MEDCOP via Secret Internet Protocol Router Network (SIPRNet) pursuant to USCENTCOM General Administration and the USCENTCOM Surgeon General (CCSG) MEDCOP Standard Operating Procedures. Reporting requirements include joining/departure reports and mandated reports, as defined by CCSG. All Role 2, Role 2E, Role 2LM, and Role 3 facilities will submit reports daily (once every 24 hours). All Role 1 facilities will submit reports a minimum of once every 72 hours. All other medical entities/facilities will submit reports a minimum of once every seven days. All operational healthcare units are required to submit an updated Commander's Subjective Status via the MEDREPORTS application within MEDCOP a minimum of once every seven days.

(5) Establish and maintain local systems and application support agreements related to healthcare information technology, as needed, with their Service-specific medical information program office.

(6) Ensure operational healthcare units are aware of References (e) and (g) in the prevention of unauthorized access, compromise, tampering, or exploitation of individual patient or health military services.

(7) Ensure all operational healthcare units deploy with their full complement of MIS, as defined by CCSG.

(8) For operational healthcare units, to include units launching to United States Cyber Command networks, ensure all medical systems have gone through the USCENTCOM governance, risk, and compliance process.

(9) For operational healthcare units, to include units launching to United States Cyber Command networks, ensure required personnel have trained on all applications (software) required to perform theater mission requirements.

(10) Use JLLIS as the Joint lessons learned program for the collection and dissemination of observations, issues, and lessons learned generated by Joint operations, exercises, training events, and after-action reports.

(11) Ensure all operational healthcare units have access to their Service-specific medical readiness applications and document those requirements IAW Reference (f) and Service-specific guidelines.

(12) Ensure all operational healthcare units maintain compliance with References (f) and (h), and coordinate these requirements with the Program Management Office and Service IAW Reference (g).

(13) Comply with the Joint Blood Program Office (JBPO) requirement to utilize the Theater Blood Management Tool within the Theater Medical Data Store (TMDS) for comprehensive management of USCENTCOM's blood inventory. This includes blood donation tracking, transfusion documentation, expiration monitoring, storage, and reporting. Units must ensure that all blood-related data is accurately recorded and updated in real-time within the TMDS. Regular audits and reconciliations should be conducted to verify the accuracy and integrity of the blood inventory records. Additionally, units are responsible for timely reporting of any discrepancies or issues to the JBPO. Training programs should be established to ensure personnel are proficient in using the Theater Blood Management Tool and adhere to established protocols. Collaboration with the JBPO and other relevant agencies is essential to maintain an efficient and reliable blood supply chain within the theater of operations.

(14) Establish procedures to ensure providers maintain home station Armed Forces Health Longitudinal Technology Application (AHLTA) access and obtain credentials and Armed Forces Health Longitudinal Technology Application-Theater (AHLTA-T) access at their deployed location and facility.

(15) Implement procedures to support utilization and expansion of Telehealth Services, with authorization of video devices on operational networks. The devices supported include, but are not limited to, video teleconferencing sets, integrated webcams, and Universal Serial Bus (USB)-powered webcams.

7. GENERAL

MIS provide deployable systems and applications developed by the Solution Delivery Division within the DHA IT Directorate to support the overall delivery of health care services in the AOR through the continuum of care. MIS not only provide relevant and timely clinical information at the point of care, but also support decision makers at the tactical and strategic level with reliable

data aggregation, reporting, and analysis tools for real-time trending of problem-prone and high-risk issues for greater situational awareness and enhanced decision-making. MIS consist of three focus areas: Clinical Systems, Medical Command and Control Support Systems, and MEDLOG Support Systems.

8. OPERATIONAL INFORMATION

a. All units (or individual deployers) will complete MIS training prior to deployment into theater, pursuant to USCENTCOM Pre-Deployment Training Theater Entry Requirements.

b. For more Information Management/IT guidance and training tools, see the following USCENTCOM CCSG NIPRNet and SIPRNet links:

(1) U.S. Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES) training can be requested at: https://trac2es.transport.mil/.

(2) Classified medical information is only processed through MEDCOP. All other systems utilize NIPRNet for the processing of non-classified medical information. For system issues while deployed to USCENTCOM's theater, contact your local systems office and the USCENTCOM Health Information Systems Officer (HISO). The USCENTCOM HISO can be contacted via NIPRNet e-mail at: CENTCOM_HISO_DistroGroup@army.mil.

(3) Refer to Appendix A (Healthcare Information Systems Matrix), Table 1 (Individual Account Matrix), for information on required MIS by duty position.

c. All personnel having access to DoD health records and other information will protect the privacy of *Protected Health Information* (PHI) and personally identifiable information in compliance with the *Health Insurance Portability and Accountability Act* (HIPAA), *The Privacy Act of 1974*, and will complete HIPAA training at least annually.

9. CLINICAL SYSTEMS

a. In accordance with Reference (f), utilize an electronic application for creating Electronic Health Records (EHR) worldwide. There are two possible systems: Health Assessment Lite Operations (HALO) and AHLTA-Theater (AHLTA-T). Facilities will use their Service-specific system for patient care, ensuring adherence to all applicable guidance to maintain records that are accurate, complete, and timely. Compliance with Reference (f) establishes the standards and procedures for DoD Health Record management, ensuring that all health records are created, used, maintained, shared, stored, and dispositioned in a manner that maintains their integrity and supports optimal patient care.

(1) HALO utilizes a store and forward capability that allows data to be stored in a local database until connectivity to the internet is restored, at which time data is automatically transmitted to the Clinical Data Repository via TMDS.

(2) HALO accounts are built at a local level by internally designated signal support specialists once in theater.

b. AHLTA is the DoD EHR for military medicine worldwide. AHLTA-T is a fully-compatible and deployable outpatient system with much of the same functionality as AHLTA in garrison. AHLTA-T utilizes a store and forward capability that allows data to be stored in a local database until connectivity to the internet is restored, at which time data is automatically transmitted to the Clinical Data Repository via TMDS.

c. Visit the JOMIS milSuite site for more information about AHLTA-T found on NIPRNet at: https://www.milsuite.mil/book/community/spaces/jomis/.

d. Theater Composite Health Care System Cache (TC2) provides treatment facilities the ability to perform inpatient computer-based order-entry, including ancillary services (radiology, laboratory, and pharmacy) and result-reporting.

   (1) TC2 captures admission, discharge, and transfer encounter data, clinical notes, and discharge summaries; processes clinical orders and results for all laboratory, radiology and pharmacy transactions; and transmits all inpatient data in near real-time to TMDS as part of the EHR.

   (2) TC2 user accounts are built at the local level once in theater.

e. TMDS is a web-based application system used to view patient medical treatment information recorded within theater, and pushes updates to the Continental United States via Military Health System Data Repository. TMDS views and tracks ill or injured patients as they move through theater roles of care, sustaining base MTFs and with the Department of Veterans Affairs.

   (1) Users must contact the USCENTCOM JBPO at: centcom.macdill.centcom-hq.mbx.ccsg-joint-blood-program@mail.mil for access to the TMDS blood management tool.

   (2) TMDS accounts can be requested prior to deployment by going to https://tmds.tmip.osd.mil. Users must include the following information in the request: "ability to view PHI."

f. Dental care in theater. Dental facilities will use their Service-specific system for patient care and dental readiness, and follow all guidelines for the storage and disposition of dental images in theater.

g. Deployed Tele-Radiology System, a commercial off the shelf (COTS) product from MEDWEB®. This application serves as the local Picture Archiving and Communications System that provides tele-radiology services to deployed forces in theater via a client server for Role 3 facilities or laptops for smaller treatment facilities in remote locations (e.g., Role 1 and Role 2). Report issues to local systems office and the USCENTCOM HISO or if there is a gap in service, call 1-800-863-3932 and select option 3.

h. Health Artifact and Image Management Solution (HAIMS) provides an enterprise-wide data sharing capability for all types of artifacts and images, which includes radiographs, clinical photographs, electrocardiograph, waveforms, audio files, video, and scanned documents. Access

must be requested through the system Help Desk:
https://south.ecmbpm.mhsi.health.mil/home/core/app/start/web/.

i. The Joint Legacy Viewer (JLV) is a web-based clinical portal that provides full access to both DoD and Veteran Affairs medical records. JLV provides access to legacy electronic medical information.

j. The Remote Online Veterinary Record is the clinical system used by military veterinarians to document the care and treatment of animals to include Military Working Animals. Access must be requested through the system Help Desk: https://rovr.csd.disa.mil.

10. MEDICAL AND LOGISTICS SUPPORT SYSTEMS

a. Defense Medical Logistics Standard Support (DMLSS) provides automated support for management of facilities, equipment, supplies, and services. DMLSS is mainly used by Role 3 hospitalization units, including Army Field hospitals, Air Force Expeditionary Medical Groups, Expeditionary Medical Squadrons, Navy ships, and Navy Expeditionary Medical Force hospitals. For access: https://jml149.dmlss.detrick.army.mil/resourcecenter/index.html#.

b. Defense Customer Assistance Module (DCAM) is an ordering tool for MEDLOG that allows personnel to view supplier's catalog, download information and generate electronic orders. DCAM is mainly used by operational units, which enables them to monitor supplies (Class VIII) and replenish levels when required. Assistance with DCAM can be requested through the DHA Global Service Center at: https://dashboard-gsc.health.mil/portal/.

c. Theater Enterprise-Wide Logistics System (TEWLS) provides real-time access to a single Army Medical Materiel Information System, unified business process architecture and scalable platform, which supports a global enterprise architecture system. TEWLS supports critical medical logistics war fighter requirements in a net-centric environment. TEWLS provides depot level medical supply chain management using an Enterprise Resource Planning solution that supports theater-level medical logistics within a single data environment for the Theater Lead Agent for Medical Materiel (TLAMM), and enterprise-level total life cycle management of medical assemblages for the sustaining force and combat developer. Website: https://jml149.dmlss.detrick.army.mil/resourcecenter/index.html#. Joint Medical Logistics Functional Development Center e-mail: usarmy.detrick.medcom-jmlfdc.mbx.e-learning@mail.mil. Address: 1681 Nelson Street, Fort Detrick, Maryland 21702; Telephone: 301-619-7810.

d. U.S. Army Medical Materiel Center-Southwest Asia is the executive agent responsible for directing the operations of a TLAMM.

e. Patient Movement Items Tracking System (PMITS) is an IT system within the Defense Medical Logistics-Enterprise Solution portfolio to track, by bar code technology and hand-held scanners, the status and location of Patient Movement Items (PMI) world-wide used during aeromedical evacuation of patients. For Access: 618-229-6952 or DSN 779-6952; for the PMITS Help Desk: 800-944-5355, and e-mail support: support@pmi-ats.com.

11. MEDICAL COMMAND AND CONTROL SUPPORT SYSTEMS

a. MEDCOP is a web-based application through the SIPRNet, which combines information from multiple databases to provide a MEDCOP with actionable information for medical leadership at all levels to assess risks, mitigate operational vulnerabilities, and allocate healthcare resources for new and ongoing mission requirements. Units with limited capabilities should report their data by submitting it to their higher headquarters. MEDCOP is the theater medical reporting system of record for USCENTCOM Service Components, CJTF Command Surgeons, and subordinate healthcare units' use. MEDCOP is the Joint health services operational dashboard and decision support tool. The system facilitates real-time operational medicine information sharing and data synchronization across multiple network domains, is globally accessible and relevant, and integrates a MEDCOP.

b. TRAC2ES is a web-based application that combines transportation, logistics, and clinical decision support elements into a seamless patient movement management system capable of visualizing, assessing, and prioritizing patient movement requirements. Through this electronic system, proper resources are assigned (medical personnel, platform, and medical equipment) and missions are planned to safely transport patients within, and out of, USCENTCOM's theater. Contact the TRAC2ES Help Desk at: https://trac2es.transport.mil/ to request user access and training for TRAC2ES web or TRAC2ES Mobile.

(1) Available data within TRAC2ES includes Patient Movement Request, mission data (e.g., routes, timings, patient loads), patient visibility (e.g., itinerary, last reported location), and medical treatment facility data (e.g., location, number/type of beds, and contact information updated by the MTFs).

(2) TRAC2ES Mobile provides users with the same application as TRAC2ES for entering patient movement data on a laptop, for use in remote locations where there is limited to no internet connectivity but transmits once communication becomes available.

c. Joint lessons learned submissions will be uploaded to DoD JLLIS via NIPRNet at: https://www.jllis.mil/apps/index.cfm or SIPRNet at https://www.jllis.smil.mil/apps/index.cfm.

(1) Defense Occupational and Environmental Health Readiness System (DOEHRS): A web-based Occupational and Environmental Health (OEH) exposure database system with mobile capability. It is a collection and analysis platform to generate a longitudinal OEH exposure record for Service members. DOEHRS exposure assessment business model includes basic characterization, establishing similar exposure groups, developing workplace monitoring plans, characterizing exposures, recommending controls, reporting, and re-evaluation. For the help desk contact information: 1-800-600-9332 (Option 4), e-mail: dhagsc@mail.mil, and support website address: https://support-gsc.health.mi/arsys/shared/confirm.jsp.

(2) Website: https://doehrs-ih.csd.disa.mil/Doehrs/DisplayWorkBasket.do.

d. Telehealth (video capabilities): Available to all deployed providers and to Independent Duty Medical Technicians working under the authority of a provider. Refer to the CCSG

Clinical Ops SharePoint page at: https://intelshare.intelink.gov/sites/ccsg/SitePages/CCSG-CLNOPS.aspx for a full list of supported specialties and their respective e-mails to submit consultations. Consultations are answered seven days a week. Uses Army portal with participation by all branches of the military. For more information e-mail: med.consult.army@mail.mil.

    e. Global TeleConsultation Portal is a web-based, asynchronous (store and forward), HIPAA-compliant platform used for provider-to-provider teleconsultation, patient movement, and case management. The website allows remote providers to submit patient demographics, clinical data, and supplementary multimedia as dictated by the clinical scenario. Consultations are screened by consult managers and forwarded to the appropriate subspecialist or Fleet Liaison for input. All case discussion is done on the web-based platform, with notification of new case activity via HIPAA-compliant e-mail.

    f. Advanced Virtual Support for Operational Forces is a synchronous, telephone-based (Defense Switched Network [DSN] or commercial) system that connects the caller to the applicable subspecialty for on the spot advice and instruction.

12. PROPONENT

The proponent of this regulation is the HQ USCENTCOM CCSG. Units are invited to submit comments and suggested improvements directly to HQ USCENTCOM ATTN: CCSG, 7115 South Boundary Boulevard, MacDill AFB FL 33621-5101.

13. ACCESSIBILITY

Publications and Forms are available on the USCENTCOM SIPRNet Publications Information Portal at the following link: https://ccj6.rel.centcom.smil.mil/R_DIV/RD/RDP/SitePages/Home.aspx.

14. RELEASABILITY

There are no releasability restrictions on this instruction within the U.S. Federal Government. Contact the USCENTCOM Freedom of Information Act (FOIA) Office if requested for public release pursuant to the FOIA.

15. EXPIRATION

This regulation will expire in five years pursuant to USCENTCOM CCR 25-30, *Preparation of Administrative Publications*, unless revised or rescinded.

OFFICIAL:

BRANDON R. TEGTMEIER
Major General, U.S. Army

APPENDICES
  Appendix A: Healthcare Information Systems Matrix
  Appendix B: Glossary

TABLES
  Table 1: Individual Account Matrix

APPENDIX A: HEALTHCARE INFORMATION SYSTEMS MATRIX

Table 1. Individual Account Matrix

	AHLTA-T[1/2] and/or HALO	AVHE[4]	CHCS (TC2)[2] Role 3 ONLY	HAIMS[4]	MEDWEB[2] (RADIOLOGIST/RAD TECH only)	CDA	TRAC2ES[2]	TMDS[3.1]	MedCOP[6]	DMLSS[2]	DCAM[2]	THEATER BLOOD[3-5] IN TMDS	BHIE within TMDS
INPATIENT													
Physician	X	X	X	X	Radiologist		X	X	X			X	X
Nurse Practitioner	X	X	X	X			X	X	X			X	X
Physician Assistant	X	X	X	X			X	X	X			X	X
Registered Nurse	X		X					X	X				
LPN/LVN	X		X					X	X				
Medic	X		X		Rad Tech			X	X				
IDMC	X	X	X				X	X	X			X	X
IDMT	X	X	X				X	X	X			X	X
Ancillary Services[7]	X	X	X	X									
OUTPATIENT			**Only at Lvl 3**										
Physician	X	X	X	X	X		X	X	X			X	X
Nurse Practitioner	X	X	X	X				X	X			X	X
Physician Assistant	X	X	X	X				X	X			X	X
Registered Nurse	X		X	X				X	X			X	X
LPN/LVN	X		X	X				X	X			X	X
Medic	X		X	X	Lvl-2 Rad tech			X	X		X (BAS)	X	X
IDC (NAVY)	X	X		X			X	X	X		X (BAS)	X	X
IDMT (USAF)	X	X		X			X	X	X		X (BAS)	X	X
Dentist						X							
Ancillary Services[7]	X	X	X	X									
Logistics								X	X	X	X	X	
Patient Administration	**X**		**X**				X	X	X				
PECC/admin							X		X				
PECC/clinical	X		X				X	X	X			X	
CDR/XO	X	X	X	X				X	X			X	X
DCCS/SGH	X	X	X	X			X	X	X			X	X
DCN/Chief Nurse	X	X	X	X				X	X			X	X

1. Must make sure your Continental United States AHLTA/Composite Health Care Systems (CHCS) stateside accounts have been set to Inactive by home station/disabled.

2. Account is built at the local level in theater.

3. Access account request through weblink. 3.1 Access is via TMDS.

4. Account is built at home station.

5. Theater Blood Access is only given to Lab Blood bank/Blood bank staff (Blood Trans-Shipment Center).

6. At the time of publication, account requests were not required. (Must have SIPRNet Token). *For system issues while deployed to USCENTCOM's theater, contact the Field Service Representatives, United States Medical Materiel Center – Southwest Asia (USAMMC-SWA) or the Military Health System /DHA help desk.

7. Ancillary services are specialized providers that are a part of the multi-disciplinary healthcare team. Examples include physical therapy, occupational therapy and laboratory services.

APPENDIX B: GLOSSARY

1. Abbreviations, Acronyms, and Initialisms. Pursuant to the *DoD Dictionary of Military and Associated Terms*, an abbreviation is a shortened form of a word or phrase pronounced as a word (e.g., SecDef). An acronym is a shortened form of a phrase of words, where the letters of the acronym stand for the terms of its meaning and is also read as a word (e.g., ASAP [as soon as possible]). An initialism is a shortened form of a word or phrase that is not spoken as a word; each letter is spoken separately (e.g., DoD).

AHLTA	Armed Forces Health Longitudinal Technology Application
AHLTA-T	Armed Forces Health Longitudinal Technology Application Theater
AOR	Area of Responsibility
AVHE	Application Virtualization Hosting Environment
BHIE	Bi-Directional Health Informational Exchange
CCR	United States Central Command Regulation
CCSG	United States Central Command, Command Surgeon
CHCS	Composite Health Care System
CJTF	Combined Joint Task Force
COTS	Commercial Off The Shelf
DCAM	Defense Customer Assistance Module
DHA	Defense Health Agency
DMLSS	Defense Medical Logistics Standard Support
DoD	Department of Defense
DoDI	Department of Defense Instruction
DOEHRS	Defense Occupational and Environmental Health Readiness System
DSN	Defense Switched Network
EHR	Electronic Health Record
HAIMS	Health Artifact and Image Management Solution
HALO	Health Assessment Lite Operations
HIPAA	Health Insurance Portability and Accountability Act
HISO	Health Information Systems Officer
IDMC	Independent Duty Medical Corpsman
IDMT	Independent Duty Medical Technician
JBPO	Joint Blood Program Office
JLLIS	Joint Lessons Learned Information System
JLV	Joint Legacy Viewer
JOMIS	Joint Operational Medicine Information Systems
MC4	Medical Communications for Combat Casualty Care
MEDCOP	Medical Common Operating Picture
MEDLOG	Medical Logistics
MIS	Medical Information Systems
MTF	Medical Treatment Facility
NIPRNet	Nonclassified Internet Protocol Router Network
OEH	Occupational and Environmental Health

PECC	Patient Evacuation Coordination Cell
PHI	Protected Health Information
PMI	Patient Movement Items
PMITS	Patient Movement Items Tracking System
SIPRNet	Secret Internet Protocol Router Network
TC2	Theater Composite Health Care System Cache
TEWLS	Theater Enterprise-Wide Logistics System
TLAMM	Theater Lead Agent for Medical Materiel
TMDS	Theater Medical Data Store
TMIP-J	Theater Medical Information Program-Joint
TRAC2ES	United States Transportation Command Regulation and Command and Control Evacuation System
USCENTCOM	United States Central Command

2. Terms/Definitions. Unless otherwise noted, these terms and their definition are for the purpose of this regulation.

AHLTA Warrior. A virtual private network connection that allows account holders to view DoD's institutional medical records via Landstuhl Regional Medical Center.

AHLTA-T. The Theater Medical Information Program-Joint (TMIP-J) outpatient EHR application.

COTS. Commercial items, including services, available in the commercial marketplace that can be bought and used under government contract.

DMLSS. The DoD medical application that provides automated support for the management of Class VIII facilities, equipment, supplies, and services.

hardware. The collection of physical parts of a computer system. This includes the computer case, monitor, keyboard, and mouse. It also includes all parts inside the computer case, such as the hard disk drive, motherboard, video card, and many others. Computer hardware is what you can physically touch.

Joint Medical Work Station. A web-based, TMIP-J application found within the Medical Situational Awareness Tool portal that is key to the performance of the battlefield medical surveillance mission.

Medical Communications for Combat Casualty Care (MC4). The TMIP-J Program Office that provides habitual support to deployed U.S. Army and other Service MTFs. The MC4 Program Office will re-deploy in-theater contractor support to Army forces in FY23.

MedCOP. An interactive decision-support platform arming command surgeons and medical commanders with real-time health surveillance and medical operations visibility to enable more informed decisions.

MEDWEB. The web-based radiology application that allows transport of digital radiology images, and communication of digital radiology results.

software. A collection of instructions that enables the user to interact with a computer, its hardware, or perform tasks.

TC2. The TMIP-J inpatient EMR application.

tele-radiology. The electronic transmission of radiological images from one location to another for the purpose of interpretation and/or consultation.

TMDS. The web-based TMIP-J application accessible via NIPRNet networks that stores the electronic medical record data performed in AHLTA-T and TC2.

TMIP-J. The TMIP-J Program Office that provides habitual support to deployed medical forces.

TRAC2ES. The application used to coordinate and document operational and strategic medical evacuations from theater.