Please provide the following information to enable the Alberta Health Conformance Team to begin vendor engagement activities:

1. **Name of Organization**

Click or tap here to enter text.

1. **Name and Version of Software**

Click or tap here to enter text.

1. **Type of Software**

|  |  |
| --- | --- |
| Choose an item.  | **If “Other”, enter the Type:** Click or tap here to enter text. |

1. **Organization Address**

|  |  |
| --- | --- |
| Street: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. |
| Prov/State: | Click or tap here to enter text. |
| Postal/ZIP: | Click or tap here to enter text. |
| Country: | Click or tap here to enter text. |

1. **Contact Information**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Role/Title: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |   |

1. **Description of software product for integration with the Alberta Electronic Health Record (EHR):**

|  |
| --- |
| Click or tap here to enter text. |

1. **Are you a Canadian organization? If not, in which country does your data reside?**

|  |
| --- |
| Click or tap here to enter text. |

1. **Has your software product already been implemented in Alberta? Please provide details.**

|  |
| --- |
| Click or tap here to enter text. |

 **a. If already implemented in Alberta, what is your estimated number of users?** Click or tap here to enter text.

**b. If not already implemented in Alberta, do you have target sites? Do your target sites have an HIA (Health Information Act), Authorized Custodian?** [**https://www.alberta.ca/health-information-act.aspx**](https://www.alberta.ca/health-information-act.aspx)**. Please provide details.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Has your software product already been implemented in any other Canadian provinces? Please provide details.**

|  |
| --- |
| Click or tap here to enter text. |

**10. What Alberta EHR integration(s) are you interested in?**

|  |
| --- |
|[ ]  Drug Information System - Pharmaceutical Information Network (PIN) |
|[ ]  Patient Registry - Provincial Client Registry (PCR) |
|[ ]  Provider Registry – Provincial Provider Registry (PPR) |
|[ ]  Immunization Registry – Immunization and Adverse Reaction to Immunization (Imm/ARI) |
|[ ]  Alberta Netcare Portal (ANP) |
|[ ]  Lab and Diagnostic Imaging |
|[ ]  Billing/Electronic Claims System (H-Link) |

|  |
| --- |
| **11. Do you have experience with HL7 messaging?** |
|[ ]  No |  |  |  |
|[ ]  Yes | If “Yes”, which version? |[ ]  V2 |
|  |[ ]  V3 |

**13. What is your estimated/planned date to go live with your integration with Alberta EHR application(s)?**

|  |
| --- |
| Click or tap here to enter text. |

**Return this completed form to** **Health.EHRVendorSupport@gov.ab.ca**