Minilab 29/09/2017- Inscription form

# Organisation and software

|  |  |
| --- | --- |
| **Organisation name/Firm name** |  |
| **Software names and related profiles (GP, nurse, hospitals, …) [one line by software]** |  |  |
|  |  |
|  |  |

# Session participants

|  |  |  |  |
| --- | --- | --- | --- |
|  **Last Name** | **First Name** | **Function** | **e-mail** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

# Participation to the test session

If you intend to effectively participate to the testing session, please complete the following additional information for the concerned “testers”. All the tests will be performed in the eHealth acceptance environment: be sure to have the required tests certificates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Last Name** | **First Name** | **INSS number** | **Test profile** | **INAMI number (provided by eHP)** |
|  |  |  |  |  |
|  |  |  |  |  |
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The cookbooks and technical information will be sent to the registered active testers from the 15/08/2017.