

Minilab 25/04/2018- Inscription form

A. Your organization and your software packages

1. Organisation and software

Organisation name/Firm name		
Software names and related profiles (GP, nurse, dentist, ...) [one line by software]		

2. Participants

Last Name	First Name	Function	e-mail

B. Test participation

Will you participate to validation tests?

YES:

NO:

If yes, please fill in to which validation tests you want to participate in the table below. This information will help us to plan the validation test activities.

	Vitalink	RSW	BruSafe
Medication scheme			
Sumehr*			
Journal			

* Please precise which version you intend to test.



C. Technical information

Please provide us below the details of the test care professionals. We will use this information to create required test configurations w.r.t to our test cases. Moreover, if you are not able to provide this information you are probably not ready for testing w.r.t. the eHealth platform base services.

All the tests will be performed in the eHealth acceptance environment: be sure to have the required tests certificates.

We will not configure any therapeutic links or consents related to your test patients. Be sure to have the required elements to support those functionalities with you.

Last Name	First Name	INSS number	Test profile (ex. : physician)	INAMI number (provided by eHP)

For the pharmacists, please also complete the following additional table.

Pharmacy test name	Pharmacy INAMI number

The cookbooks and technical information can be found on the websites of Vitalink and RSW

- <http://vitalink.be/downloads-en-technische-documentatie-cookbooks>,
- <https://www.reseausantewallon.be/FR/professionals/programming/programming/Pages/default.aspx>

An additional document with actualized illustrative test scenarios will be distributed to the registered participants (at the end of the registration process).