



Request for Test or Demo on eHealth Acceptation Environment

Send to eHealth_Service_Management@ehealth.fgov.be
at least two weeks before the test or demo should take place

Contact information:

Organization:	
Responsible/contact for test/demo:	
Email:	
Tf Nr or Mobile nr:	
Application:	

Date & Time:

Date (dd/mm/yyyy)	Time (from - to)

Date of request:

