**Lab Client Interface Request**

|  |  |
| --- | --- |
| **Practice Contact Information** | |
| **Practice Name** |  |
| **Practice Address** |  |
| **Practice Manager** |  |
| **Practice Mgr. Email / Phone** |  |
| **Requestor Name** |  |

|  |  |
| --- | --- |
| **Request Detail** | |
| To be completed by lab marketing | |
| **Name of EMR** |  |
| **Type of Practice** |  |
| **Size of Practice (Number of concurrent providers)** |  |
| **Adding Interface will increase volume of tests sent?** |  |
| **Other Business Case Info (any additional detail why making this connection is desirable)** |  |

|  |  |
| --- | --- |
| **Client Analysis** | |
| To be completed by IT | |
| **Average monthly test volume from client** |  |
| **Top 5 tests currently being ordered by client** |  |
| **Other pertinent detail** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approval** | | | | |
| To be completed by Laboratory Leadership | | | | |
| **Select One:** | Approved to pursue quotation | | Defer Until:\_\_\_\_\_\_\_\_\_\_\_ | Decline |
| **Approved/Denied By:** | |  | | |
| **Approved/Denied Date:** | |  | | |
| **Comment:** | |  | | |