

# REQUEST FOR PROPOSAL (RFP)

DEVELOPING A PROTOTYPE FOR A NATIONWIDE HEALTH INFORMATION NETWORK  
ARCHITECTURE

## Participant Information Form

Company:

Primary Contact:

Address:

Phone:

e-mail:

Clinical contact Name, phone:

Technical Contact:

Tech Contact Phone and e-mail:

Organization Info:

Number of Employees:

Type of Employees:

Number of clinical contacts/year:

Characteristics of current Installed EHR:

