



EMR/EHR Interface Request

<i>Request Date</i>	<i>Practice Name</i>	
<i>Address</i>	<i>Phone</i>	<i>Fax</i>
Requestor Name		
Requestor Email		
Account Manager Name		
Current EMR System		
EMR Contact		
EMR Contact Phone		
EMR Contact Email		
Sample Count (previous 2-3 months)		
Justification for Integration		
<i>Please email completed forms to emr@apolloomdx.com</i>		