Lab Interface Information Sheet   Date: _____

1.   Lab Company Name: _____

       Contact Person: _____

              Phone: _____

                Fax: _____

              Email: _____

           Web Site: _____

2. Medical Practice Name: _____

      Number of Doctors: _____

3. Lab HL7 Request File Folder Windows Path:

   _____

4. Lab HL7 Results File Folder Windows Path:

   _____

5. Lab Request HL7 field contents:

   MSH Field 4: _____

   MSH Field 5: _____

   MSH Field 6: _____

   PID Field 18: _____

6. Please supply us a CSV text file containing All Lab Test
   Codes, Test Descriptions, and optionally indicate if the
   Practice commonly uses the test or not; an example follows:
      "Test Code","Test Description","Commonly Used Y or N"
      "ABL123","Adult Blood Lead Level","Y"
      "CBC234","CBC with Differential Platelet","Y"