



# Department of Health Services Technology Information Questionnaire



## General Information

Facility:		Department:	
	<b>Name</b>	<b>Title</b>	<b>Phone Number</b>
Requested By:			
Business Owner:			
Executive Sponsor:			

## Vendor Information

Company Name:			
Representative Name:		Title:	
Phone No.:		Email:	

### 1. Is the device networked?

	Wired	Wireless	Bluetooth	Other
Please add any additional connectivity information.				

### 2. Are workstations required? (Leave blank if N/A)

Architecture:	Virtual	Client	Application:	Web-Based	Fat Client
OS:	Win 7	Win 10			
Please add any additional workstation information.					

### 3. Are servers required? (Leave blank if N/A)

Architecture:	Virtual	Physical	Support Active Directory:	No	Yes
OS:	<u>Red hat Linux</u>	6.7	7.x	<u>Windows Server</u>	2012 R2
Server Specs:	<u>CPU</u>		<u>RAM</u>		<u>Data Storage</u>
Please add any additional server information.					

### 4. Is a database required? (Leave blank if N/A)

OS:	<u>Oracle</u>	11.2.0.4.5	12.1.0.2	<u>MS SQL</u>	12	14	16	17
Please add any additional database information.								

### 5. Is an interface required? (Leave blank if N/A)

Interface Options:	HL7 2.2, 2.3	Batch or Batch/Flat File	JSON	X12	NCPDP
	SFTP/FTPS	PGP Encryption	SOAP	XML	Other
Please add any additional interface information.					