

Commissioning Information

Clinic Information			
Name:	Aspire Medical Clinics		
Address:	23rd Avenue 2316-96 Street		
City:	Edmonton AB	Postal Code:	T6N-1J8
Phone:	780-468-5999	Fax:	780-468-5398
Email:	info@imaginehealthcentres.ca		
Facility ID :	379810	FTP Account:	

Clinic Key Contact Information			
Name:	Sumiko Yip		
Phone:	780-893-6223	Fax:	780-468-5398
Email:	sumiko.yip@imaginehealthcentres.ca		

POS Vendor Information			
Vendor Name:			
Phone:		Fax:	
Software Product:		Certified Version:	

- Request for:
- New Clinic
 - Inactivate Clinic
 - Reinststate Paper
 - Vendor Change
 - Add Physician(s)
 - Existing Clinic
 - Remove Physician(s)
 - New Key Installation
 - Suppress Paper

The electronic delivery of information is available from multiple sources. Please indicate (✓), which sources you would like to receive via eDelivery. More details of each source can be found in Appendix A.

Source Systems – EMR eDelivery of data to POS (Please check ONLY those that apply)				
Former Health Entity (FHE)	✓	LAB	✓	Reports (DITR)
Aspen		AHS Lab (Meditech)		AHS DI test results
Calgary		Calgary Lab Service		Calgary EFWRCA – DI Text Reports
Capital		AHS Lab		AHS DI Text and other Transcribed Reports (DITR)
Chinook		AHS Lab (Meditech)		Not Yet Available
David Thompson		AHS Lab (Meditech)		Not Yet Available
East Central		AHS Lab (Meditech)		Not Yet Available
Palliser		AHS Lab (Meditech)		Not Yet Available
		MHDL		
Northern Lights		(AHS Labs handled via Dynalife)		Not Yet Available
Peace Country		AHS Lab (Meditech)		


List of Physicians to receive eDelivery:

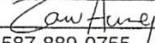
Last Name:	First Name:	Middle Name:
Thiagarajah	Arjuna	

Activation Details			
Desired Live Date:			
If Vendor Change, Hard Cutover Date:			
PIA-OIPC Accepted Date:		OIPC File #:	

Note: If vendor change, a new PIA needs to be submitted and accepted by OIPC.

Comments/ Notes

Clinic Requestor/Physician Representative			
Name:	Jonathan Chan		
Signature:			
Phone:	403-909-7300	Fax:	
Date:	April 25 2012		
I have read and understand the guidelines upon which this service is commissioned:			

POS Vendor Representative			
Name:	ZAW AUNG		
Signature:			
Phone:	587-889-0755	Fax:	
Date	2012 APRIL 25		
Email:	zed.aung@gmail.com		
I have read and understand the guidelines upon which this service is commissioned:			YES

ZA

Email pages 2 and 3 of this document along with a 2048 bit RSA public key in SECSH format to:
Integration Coordination Center – eDelivery