Commissioning Information

Clinic Information			
Name:	Aspire Medical Clinics		
Address:	Macleod Trail South 4120, 15 Sunpark Plaza SE		
City:	Calgary AB	Postal Code:	T2X-0M5
Phone:		Fax:	
Email:	info@imaginehealthcentres.ca		
Facility ID :		FTP Account:	

Clinic Key Contact Information			
Name:	Holly Corneil		
Phone:	403-978-3587	Fax:	
Email:	holly.corneil@imaginehealthcentres.ca		

POS Vendor Information			
Vendor Name:	Med Cloud Inc.		
Phone:	403-909-7300	Fax:	403-910-0449
Software Product:	Medcloud	Certified Version:	1.0

Request for:

- ☑ New Clinic
- ☐ Inactivate Clinic
- ☐ Reinstate 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 EFW/RCA – 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)		
		MHDL	Not Yet Available	
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:**
Chan	Jonathan	

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:	Zaw Aung		
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

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