



Site/Lab Name: _____
Billing Address: _____
Shipping Address: _____
(if different from billing) _____

Laboratory Contact

Name(s): _____
Phone #'s: _____
Email Address(s): _____

How many workstations would you like?

What equipment would you like interfaced? (Please provide names and models)

- | | |
|----|-----|
| 1) | 6) |
| 2) | 7) |
| 3) | 8) |
| 4) | 9) |
| 5) | 10) |

Please indicate which Modules you would like to include:

- | | |
|-------------------------------------|---------------------------------|
| 1) BarcodeModule w/ barcode printer | 6) SchuyNet Module |
| 2) Billing Module | 7) Autoverification |
| 3) Microbiology Module | 8) 2 nd Level Review |
| 4) Cytology Module | 9) Export Module |
| 5) Histopathology Module | |

Do we need to include hardware or will you supply the computers? YES/NO

Do you have a computer network installed? YES/NO

Do you have another software system that you would like for us to interface with? (HIS or billing software) YES/NO (if yes, please provide product information).