2SCRIBE CLIENT BUILD INFORMATION REQUEST FORM

The purpose of this form is to gather all necessary information in order to setup a client (clinic, hospital, surgery center, etc) properly on the system. Please be sure to fill out all sections in their entirety. Without proper information, your implementation date could be delayed.

If you have any questions regarding this form, please contact me at the telephone number below.

Please send this form along with SAMPLES of the DOCUMENT TYPES (WORK TYPES) to:

Salesman
Address
City, State, Zip

NOTE: *Please do not fax this information. It is very important that the originals be mailed to maintain quality of digital signatures, logos and instructions.*

CLIENT CONTACT INFORMATION

(Please Print Clearly)

CLIENT INFORMATION	BILLING CONTACT INFORMATION
Client Name:_____.	Name:_____.
Address1:_____.	Address1:_____.
Address2:_____.	Address2:_____.
City, State, Zip:_____.	City, State, Zip:_____.
Phone:_____.	Phone:_____.
Fax:_____.	Fax:_____.
	E-Mail Address:_____.

CLIENT PROJECT MANAGER	CLIENT TECHNICAL CONTACT
Name:_____.	Name:_____.
Address1:_____.	Address1:_____.
Address2:_____.	Address2:_____.
City, State, Zip:_____.	City, State, Zip:_____.
Phone:_____.	Phone:_____.
Fax:_____.	Fax:_____.
E-Mail Address:_____.	E-Mail Address:_____.

2Scribe uniquely builds each client according to information provided in this document. It is **EXTREMELY IMPORTANT** for the client to provide complete and accurate information pertaining to all sections of this document.

I hereby authorize 2Scribe to receive the information in this document for the purpose of creating an on-line dictation and transcription solution.

Signature: _____ **Date:** _____

Print Name: _____

MINIMUM SYSTEM REQUIREMENTS FOR 2SCRIBE SOFTWARE PRODUCTS

For 2Scribe software products to work properly within your windows environment (**Macintosh Computers are NOT supported**), you are required to meet the following MINIMUM software and hardware specifications for each application you will be using:

InSync (Portable Digital Recorder Upload Application):

This application will be used to upload dictations, from one of the supported recorders, to the server for transcription

Required to run this software
- At least ONE of the following: Windows 98 SE, Windows NT 4.0 SP 6A , Windows 2000, Windows XP or greater
- RAM: 64 MB
- Hard Drive: 2 GB of free space (**recommended)**
- Communications Ports: (Serial or USB)
  - Serial: at least on free serial port if using Voice IT recorder
  - USB: at least on free USB port if using Olympus Recorder

Note 1: Olympus Recorders are NOT supported on Windows 98 First Edition, and some Windows 98 Second Edition may also have difficulties. A sound card is required for use with the Olympus Recorder.

Note 2: If you are using a firewall, outbound TCP communications need to be available on Ports 42001 – 42004 (each opened individually on firewall or proxy server). To restrict these ports only to our servers, please use URL's www.emdat.com, s1.emdat.com, and s2.emdat.com. We use 3 servers for InSync applications and all three URL's are required.

InQuiry (Web application):

This web application allows the Client to view, play, edit, and print completed dictations

Note: Netscape is NOT Supported

Required to run this software
- At least ONE of the following: Windows 98 SE, Windows NT 4.0 SP 6A , Windows 2000, Windows XP or greater
- RAM: 64 MB
- Web Browser: Internet Explorer 6 SP1 or greater
- ActiveX: Ability to run ActiveX controls in web browser
- Windows Media Player: 6.4 or greater

Note: If Client using computer as **Printing Station**, 2Scribe recommends:
- At least ONE of the following: Windows 98 SE, Windows NT 4.0 SP 6A , Windows 2000, Windows XP or greater
- RAM: 128 MB (minimum) 256 MB (recommended) or greater
- Web Browser: Internet Explorer 6 SP1 or greater
- Printer Drivers: latest print drivers from printer manufacturer.
- ActiveX: Ability to run ActiveX controls in web browser.
- Windows Media Player: 6.4 or greater.

InScribe (Transcription application):

This application is used to transcribe the actual dictations processed by the Server

Required to run this software:
- At least ONE of the following: Windows 98 SE, Windows NT 4.0 SP 6A , Windows 2000, Windows XP or greater
- RAM: 64 MB
- Hard Drive: 2 GB of free space (**recommended)**
- Windows Media Player: 6.4 or greater
- Sound Card
- Internet Connection: high speed Cable or DSL (**recommended).** Dial up OK, with reliable ISP

CLIENT HARDWARE INFORMATION

2Scribe currently supports the following digital recorder models to be used in conjunction with the InSync application.

- Olympus DS-330\660
- Olympus DS-4000
- Olympus DS-3000
- Olympus DS-2
- Philips 9400i/9350/9450
- Dragon Naturally Mobile
- Uher

DICTATING CLINICIANS

(Make copies of this form for additional dictating clinicians)

Clinician Name: |_____|__|__|_____|
First   Middle   Last
**(As it will appear on the transcriptions)**

Clinician Username: |__|__|__|__|__|__|__|__| **Clinician Password: |__|__|__|__|__|__|__|__|**
(8-character limit)   (8-character limit)

Credentials: _____   **Title:** _____
(M.D., F.A.C.S, etc.)   (Will appear below signature, E.g. Professor of Cardiology)

Primary Location: _____   **Department:** _____
(Physical Locations this clinician sees patients)   (Cardiology, Dermatology, etc)

Emdat supports four versions of signatures by clinicians within the Emdat System. Please select from the following for each clinician.

☐	**Manual Signature:**	Clinician signs the printed-paper copy without using any of the electronic signature capabilities.
☐	**Electronic "Graphical" Signature** *(Legal Authentication – Sign Box Below*	Clinician uses InQuiry to electronically sign (legal authenticate) transcriptions and a graphical representation (actual signature in box below) is displayed on each.
☐	**Electronic Signature:** *(Legal Authentication)*	Clinician uses InQuiry to electronically sign (legal authenticate) transcriptions and "Electronically Approved by" text appears above the Clinician's Name.
☐	**Automatic Graphical Signature:** *(Sign Box Below)*	This signature is similar to a "rubber stamp" signature and is **NOT** considered a legally authenticated signature.
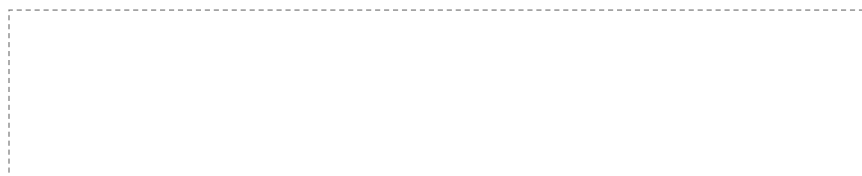
(Please keep signature within the lines of the box)

If a Legal Authentication is used, 2Scribe has the ability to notify clinicians once per day (9:00 AM CST) via e-mail of the number of transcriptions outstanding requiring their review and authentication.   If you wish to utilize this feature, please provide an e-mail address(s) to notify: _____

Some medical facilities require dictating clinicians to have an "Additional Authenticator". This is usually used for Residents, Nurse Practicioners and Physician Assistants. If the clinician above requires another clinician to electronically authenticate their transcriptions, please check this box.

❑   Additional authenticator required for the user listed above.

TRANSCRIPTION WORKFLOW

In order to properly setup your medical facility on the system, we need to get an understanding of your transcription workflow.

Please read from the following secenairos and select the one that most closly represents your workflow:

☐ Staff person reviews, prints, and gives transcriptions to physician to mannually sign

☐ Physician reviews and electronically signs the transcriptions then a staff person prints the transcriptions

☐ Staff person reviews the transcriptions then the physician electronically signs the transcriptions, then the staff person will print the signed transcriptions

☐ (OTHER) Print below how you want the flow of transcriptions to be within the system.

_____

_____

_____

2Scribe stores discreet information in database fields with each transcription. These fields will be available in both the InQuiry web application and the InScribe transcriptionist application. The default fields are listed below and can be customized to your individual needs.

To customize a field label, please put the alternative name next to the 2Scribe Default Name. Blank entries will default to "2Scribe Default Names". Field Data identified below will need to be either dictated by the clinician or electronically transferred from your scheduling or ADT system. Please check off the fields you wish to use with your transcriptions or change the labels of these fields to represent what you would like included in each transcription.

The user fields are not required but can be defined by the medical facility and can include accession number, social security number or any other field that you wish in addition to the default fields.

	2Scribe Default Name	**Customized Name**		**2Scribe Default Name**	**Customized Name**
☐	Patient Name:		☐	Patient ID	
☐	Date of Birth		☐	Gender	
☐	Physician		☐	Order #	
☐	Date of Service		☐	User Field 1	
☐	User Field 2		☐	User Field 3	
☐	User Filed 4		☐	User Filed 5	

<u>STAFF ACCESS</u>
(please print clearly)

List all staff members who will have access to the InQuiry system for viewing and printing transcriptions.

Staff Name: |_____|___|_____|
First   Middle   Last

Staff Username: |__|__|__|__|__|__|__|__|__| Staff Password: |__|__|__|__|__|__|__|__|__|
(8-character limit)

Primary Responsibility of Staff Person (Nurse, Medical Records, etc): _____

Location: _____

If the staff person will be modifying transcriptions for specific Clinicians, please list those Clinicians under "Proxy Clinicians".

Proxy Clinicians: _____

_____

Note: Proxy Clinicians are those clinicians whom your staff will be given the ability to view, edit, and complete clinician's transcriptions based on your selections for the Staff Proxy Role below:

Staff Proxy Role
Select the type of Proxy access your staff person will be given. You can select multiple check boxes.

	Staffs' Proxy Role
☐	Staff person can edit both the header and body of the listed clinician(s) transcription(s)
☐	Staff person can ONLY edit the header of the listed clinician(s) transcription(s) (demographics only)
☐	Staff person can complete the listed clinician(s) transcription(s) (complete=move forward in workflow)

DOCUMENT TYPES (WORK TYPES)

Document types (Work Types) are used to identify the type of dictation/transcription that will be recorded. Some examples of document types are Progress Note, Discharge Summary, Operation Note, and Letter. Each document type listed below, can appear on the dictating clinician's hand-held digital recorder or in the InTouch telephone system (if used).

Work Types
Please include a sample transcription (with the eight character name identified on each sample) for each work type listed below showing how the document should be formatted and label the sample appropriately.

(please print)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

- Document Type |__|__|__|__|__|__|__|__| Description: _____
  (8-character maximum)   (title of transcription – appears at top)

LOCATIONS/DEPARTMENTS

2Scribe System has the ability to have different locations and departments whereby you can get a total on the on-line billing report as to how much transcription was done at a specific department at a specific location.

The locations and departments can be used to place different addresses and phone numbers on the letterhead depending on which location or department the transcription is assigned to. **If you want the addresses and phone numbers to appear on the letterhead based upon the location and/or department of a transcription, please check the box next to each location or department and list the department/location information below. If you have more than one location or department, please list them below and fill in the appropriate information.**

This will be a: ☐ **Location** ☐ **Department** ☐ **Both**

Will information appear on the letterhead? ☐Yes ☐No   (if no, it is not necessary to put address/phone numbers)

(Please Print)

Location/Department Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

|_____|_____|_____|
City   State   Zip

Phone: _____

Fax:_____