**Minilab  
Inscription form**

Date of the Minilab: 05/03/2021

Subject of the Minilab: ConsultRN – Software package for General practitioner

Please return this form, completely filled out to: [valerie.forton@ehealth.fgov.be](mailto:valerie.forton@ehealth.fgov.be)

# Organisation and software

|  |  |  |
| --- | --- | --- |
| **Organisation name/Firm name** |  | |
| **Software names and related profiles (GP, nurse, hospitals, …) [one line by software]** |  |  |
|  |  |
|  |  |

# Session participants

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Function** | **e-mail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Participation to the test session

If you intend to effectively participate to the testing session, please complete the following additional information for the concerned “testers”. All the tests will be performed in the eHealth acceptance environment: be sure to have the required tests certificates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **INSS number** | **Test profile** | **INAMI number (provided by eHP)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Cookbooks and technical information will be sent to the registered active testers in due time.