

Vendor Information Request Form

Please fill out this form and return to info@semhie.org with your response to SEMHIE's RFI by 05/09/08.



1. Please list three current references below. They may be contact at any time without prior notice.

Company: _____

Address: _____

Contact Person: _____

Phone number: _____

Alternate phone number: _____

Email address: _____

Length of time as customer: _____ years

Company: _____

Address: _____

Contact Person: _____

Phone number: _____

Alternate phone number: _____

Email address: _____

Length of time as customer: _____ years

Company: _____

Address: _____

Contact Person: _____

Phone number: _____

Alternate phone number: _____

Email address: _____

Length of time as customer: _____ years

2. How many years has your organization been in operation? _____ years
3. How many clients do you currently have? _____ clients
4. How many FTEs do you have working on health information exchange technology?
5. _____ FTEs
6. What is your support staff FTE to # of users ratio? _____
7. What is the largest number of users you have in a single organization? _____
8. How many service outtages were experienced by your customers last calendar year?
9. _____ outtages
10. Does your company conduct third party validated end-user surveys? _____
- 10a. If yes to question 6, please provide us with a copy of your most recent survey results.
11. What percent of your corporate revenues come from HIE technology? _____ %
12. What percent of your technology is developed in-house? _____ %
13. How many days do you spend on-site for implementation, training, and customization?
_____ days
14. How much did you spend on research and development last fiscal year?

15. How much do you have budgeted for research and development this fiscal year?

16. Sales figure for last fiscal year: _____
17. Earnings for last fiscal year: _____
18. Please list reasons clients ceased using your health information exchange product:

19 Is there any other information you would like us to know?

Thank you!