

FHIR API Access Request Form

Caution! This form is intended for healthcare vendors in the USA, seeking read-only access to Sonora Quest's patient health information through its FHIR public Application Programming Interface ("API" or "API System"). Please download and complete this form, then email to appaccess@sonoraquest.com to provide Sonora Quest Laboratories with the necessary information to register your application.

| Please complete the following Access Request Form. (All fields are mandatory) 1. Your organization's name: | | | | | |
|---|--|----------------|---|---|--|
| 2. | 2. Name of your application: | | | | |
| 3. | 3. A brief description about your application: | | | | |
| | | | | | |
| 4. Provide the URL of your organization's website: | | | | | |
| 5. | What type of applic | ation is this? | Browser (single-page application) | Native (Desktop, iOS, or Android application) | |
| | | | Web (multi-page application) | Other | |
| 6. | Please provide the redirect URL(s) for your application (to specify multiple URLs, separate the entries with commas but omit any spaces (such as https://entry1.com,https://entry2.com)): | | | | |
| 7. | Application support email address: | | | | |
| 8. | Application support phone number: | | | | |
| 9. | Direct point of contact name: | | | | |
| 10. | Direct point of contact number: | | | | |
| 11. | Direct point of contact email address: | | | | |
| 12. | Does your application have a security or privacy policy that patients can read to understand how your application will use or/and store their health information when retrieved to your application? | | | | |
| | No | | de a hyperlink at right of this policy to your | | |

email submission)