



Dear Supplier,

Please complete this form to make the installation as smooth as possible.

Geachte Leverancier,

Vul dit formulier in om de installatie zo soepel mogelijk te laten verlopen.

IT DEPARTMENT

Project xxx
Request for Information

Involved Department

Name
Contact
Contact IT

Supplier

Name
Contact commercial
Tel.nr.
E-mail
Contact technical
Tel.nr.
E-mail

Medical device

Type
Built-in "pc" (Y/N)
Photo
Connection (f.e. usb, lan, serial ...)
Mac adres
Function/Goal
Additional hardware (printer, barcodescanner...)

Storage :

Local (discouraged) (Y/N) Path
Local - backup - networkpath
Local - backup - method
Network (Y/N) Path
Application - UNC / Mapped drive
Estimated size
Estimated growth / year

Database

Type
Version
Centrally (HA cluster) on UZ MS SQL servers (preferable!) - hostname
Local (discouraged)
Path local database
Backupmethod if local
Backuplocation if local

Server

Server needed (Y/N)
Type (virtual/physical)
Requirements - hardware (CPU, cores, RAM, disk...)
Name
OS
Windows Services + description / user / service
User account server

Remote control (Y/N)
Share's (UNC/mapped)
Storage on server (f.e. iSCSI)
Scheduled tasks + description

Software Server

Name software
Path software
Requirements
Function

Network

Protocols UDP ports
Protocols TCP ports
Firewallrule (UZ)
Vlan (UZ)
Total networkconnections
Utp
Wifi
Other

Client

Client Pc's (Y/N)
UZ domain / non-domain
PC installed by (pref. UZ)
Requirements client pc 's
Hostname(s)
OS (pref. Windows 10)
Windows Services + description / user / service
Remote control + name tool (Y/N)
Windows user account (fixed/variable)
Network mapping(s) (UZ)

Software Client

Name software
Path software
Requirements
Webclient (Y/N)
Browser + req.'s browser
Fatclient (local install) (Y/N)

Support contract

Modalities
Contractnr.
Office hours (Y/N)
24/24 - 7/7 (Y/N)
Contact technical/support
Tel.nr.
E-mail
Web

