

CSL API Access Application

Date:

Requestor:

Application Name:

Application Status:

Business Questionnaire:

1. **Please describe the business need of your application:**
(what is the problem you are trying to solve?)

2. **Please describe the functionality of your application:**

3. **What is the scope of your application?**
 - Ambulatory or Inpatient?

 - Enterprise or Institute/Department specific application?

4. **Have you attempted to access requested data via another department/system?** *(Interconnect, HL7, Epic, etc...)*
 - Which services have you attempted to connect with/applied for access to?

5. **Please list all application Use cases/Scenarios:**

Security Questionnaire:

1. **Is your application populating a registry/external database/source? Yes or No**
 - 1.1. **What is the retention policy?**

 - 1.2. **What is the encryption policy?**

2. **What is the authentication method used for users?**

3. **Where is the application Hosted?**

4. **What is the application's disaster recovery plan?**

5. **Who is/are the responsible party(ies) for disaster recovery?**

Clinical Questionnaire:

1. What is the overall value of your application?
 - 1.1. Clinical Research Value?
 - 1.2. Patient Care Impact?
 - 1.3. Administration Impact?

Development Questionnaire:

1. What services are you requesting access to?
2. Data fields required (ie. Med collection date time, administrations), broken down by API service (labs, meds, medical history etc)
3. Does data need to be real time? (ie. Historical labs, notes, etc.)
4. Is your application using REST based API calls?
5. Who is/are the responsible party(ies) for the application's development?
6. Please share all modeling and system structure documents *(If you do not have any such documents you will need to create them as this is a best practice)*

Utilization Questionnaire:

1. How many users will be making calls?
2. How many calls will be made per day?
3. How much data will be sent over the network for each call? *(Estimate data size returned)*

Please provide a proof of concept application URL:

Additional Details:

Test Access				
Requirement	Yes	No	N/A	Comments
Is the application written with REST based calls?				
Was the intake form completed?				
Did the intake form include use case scenarios for each web service?				
Did the intake form include volume expectations per call per user per day?				
Have the appropriate web services been mapped to the request?				
Can the request be completed with other data call methods?				
Is the request populating a registry/external database/source?				
Approved for test key?				DATE:

Production Migration				
Requirement	Yes	No	N/A	Comments
Is a working demo available in Test?				
Has compliance signed off on the application in Test?				
Have all security measures been followed and are associated documents available?				
Has the interconnect server team approved load balancing testing?				
Was any batch testing performed during the test application usage time period?				
Is a date set for application production migration?				DATE:
Production Access Provided?				DATE:

