

Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Hospital, Ambulatory or Other: \_\_\_\_\_

Legacy Systems: *(please provide information below for each legacy system)* \_\_\_\_\_

Name \_\_\_\_\_

Application/module \_\_\_\_\_

Type (inpatient, acute, ambulatory, HR, etc.) \_\_\_\_\_

Legacy System Environment (On-premise or vendor hosted) and Database Type: \_\_\_\_\_

Legacy system still supported by Vendor (Y/N): \_\_\_\_\_

Current and/or future EHR and date of conversion/cut over: \_\_\_\_\_

## 1. Legacy System Access

a. Type of users: \_\_\_\_\_

b. Number of users: \_\_\_\_\_

c. Reasons for access: \_\_\_\_\_

d. Frequency/volume of access: \_\_\_\_\_

## 2. Future Legacy Access Requirements

a. Types of users: \_\_\_\_\_

b. Number of users: \_\_\_\_\_

c. Reasons for access: \_\_\_\_\_

d. Frequency/volume of access: \_\_\_\_\_

## 3. Current Data Structure

a. Existing data formats (documents, discrete, scanned images, etc.): \_\_\_\_\_

## 4. Future Legacy Data Requirements (to be archived)

a. Data formats (documents, discrete, scanned images, etc.): \_\_\_\_\_

## 5. Legacy Contract Structure & Cost (per system)

a. Annual or monthly: \_\_\_\_\_

b. Annual maintenance, support and licensing cost (total or per system): \_\_\_\_\_

c. If annual, date of contract renewal: \_\_\_\_\_

## 6. Goals and Expectations

a. Specific date by which your organization would like to have the system(s) retired? \_\_\_\_\_

b. Have you or your organization gone through an archival project (or similar) in the past? \_\_\_\_\_

## 7. How did you hear about Trinisys?

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