PLEASE COMPLETE FORM ONLINE
FAX TO (302) 661-7227 OR EMAIL TO
dhss_dph_nsp_fax@state.de.us

Technology Questionnaire Delaware Newborn Screening Web Access

Physician/Practice Name and Address:

Contact Info:

PHONE: _____

FAX: _____

EMAIL: _____

Electronic Medical Record System_____

Hardware Environment

Brand of computer used: _____

Connected to a network? ☐ Yes ☐ No Connection type: ☐ Wired ☐ Wireless

Software Environment - Computer Operating System

Operating System (and version): ☐ Microsoft Windows _____ ☐ Apple MAC/OS

Office suite of tools: ☐ Microsoft ☐ Open Office ☐ Other _____

Firewall software in use: ☐ Yes ☐ No Anti Virus software in use: ☐ Yes ☐ No

Internet Environment

Internet Service Provider (ISP): _____

Method of communication: ☐ Dial In ☐ Cable ☐ DSL ☐ Supplied network

Internet browser software: ☐ Internet Explorer ☐ Firefox ☐ Opera ☐ Other _____