# **Attachment B: Reference Form**

1. Provide at least three (3) references of past deployments in a hospital or enterprise environment setting of similar size and scope of NYUHC. NYUHC may arrange site visits to review the deployments implemented by the proposer.

For each reference, please include the following:

1. Organization name, contact name, title, address and telephone number.
2. Describe the relationship and services provided.
3. Provide current and past account information, of similar size and configuration. Include:
	1. A current, long-term customer.
	2. A current customer implemented in the past 18 months.
	3. A former customer terminated within the past 18 months and reasoning for termination other than consolidation.

1. Organization name, contact name, title, address and telephone number