

# Quantum® EHR FHIR API Access Request Form

**Caution!** This form is intended for healthcare vendors in the USA, seeking **read-only access** to Quantum® Electronic Health Record (EHR) patient's health information. Please download and complete this form then click *Submit by Email* to provide Quest Diagnostics with the necessary information to register your application.

Please complete the following Access Request Form. *(All fields are mandatory)*

1. Your organization's name:
  
2. Name of your application:
  
3. A brief description about your application:
  
4. Provide the URL of your organization's website:
  
5. What type of application is this? (Select one of the following options)  
    Browser (single-page application)                      Web (multi-page application)  
    Native (Desktop, iOS, or Android application)              Other
  
6. Please provide the redirect URL(s) for your application (to specify multiple URLs, separate the entries with commas but omit any spaces (such as *https://entry1.com,https://entry2.com*)):
  
  
  
  
  
  
  
  
  
  
7. Application support email address:
  
  
8. Application support phone number:
  
  
  
  
  
9. Direct point of contact name:
  
  
  
  
  
10. Direct point of contact number:
  
  
  
  
  
11. Direct point of contact email address:
  
  
  
  
  
12. Does your application have a security or privacy policy that patients can read to understand how your application will use or/and store their health information when retrieved to your application?  
    No              Yes (please provide a hyperlink below or attach a PDF of this policy to your email submission (highly recommended))