

# Trading Partner Registration (TPR) Worksheet

*This worksheet can be used to gather the information you will need in order to complete the TPR registration process. This information may come from several different sources within your organization and EHR vendor.*

## Facility Information

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### *Entity Information*

Entity Name\*:

Entity Type\*:

Street Address\*:

City\*:

State\*:

Zip Code\*:

Entity Specialty:

Point of Contact Name\*:

Point of Contact Title\*:

Point of Contact Phone\*:

Point of Contact E-mail Address\*:

### *Identifier Type (must select at least 1)\**

ISO/OID (International Organization for Standardization):

CLIA (Clinical Laboratory Improvement Amendments): *Required for Electronic Lab Reporting (ELR) interface.*

Provider NPI (National Provider Identifier): *Required for Cancer Case Reporting (CCR) interface.*

Group NPI (National Provider Identifier): *Required Immunization Registry Messaging (IMM), Syndromic Surveillance Messaging (SSM), and Drug Overdose Reporting (DOR) interfaces.*

Provider License Number:

Local:

Other Identifier(s):

\*Required field: must be completed to move forward in the system.

†Contact vendor or IT staff for assistance with this section if needed.

For additional questions, contact [MU.Health@tn.gov](mailto:MU.Health@tn.gov).

## Interface Selection<sup>+</sup>

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*Gather information for selected interface(s); if registering for multiple interfaces, gather this information for each interface.*

Interface (e.g., Immunization Registry, Electronic Lab Reporting, Cancer Case Reporting, Syndromic Surveillance, and Drug Overdose Reporting\*):

Point of Contact Name\*:

Point of Contact Title\*:

Point of Contact Phone\*:

Point of Contact E-mail Address\*:

HIE and/or HISP Affiliation (if applicable):

*File Information<sup>+</sup>*

File Structure Capability (select all that apply)\*: HL7 V2.3.1 Message  
HL7 V2.5.1 Message  
HL7 V2.7.1 Message  
HL7 V2 Other Message  
HL7 V3 *Required for CCR*  
Other:

HL7 V3 Type (if applicable, select all that apply): Messages  
Documents (CDA)

Vocabulary Capability (select all that apply): LOINC  
SNOMED  
UCUM  
ICD9  
ICD10  
CPT  
CVX  
Adverse Events  
HL7 Vocabulary  
NAACCR Version X  
Other:

File Transport Capability (select all that apply): SFTP  
DIRECT  
SOAP/Web Services  
PHIN MS  
Other:

\*Required field: must be completed to move forward in the system.

<sup>+</sup>Contact vendor or IT staff for assistance with this section if needed.

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Intended Mode: Real Time  
Batch

Bidirectional: Yes  
No  
Maybe/Unsure

Current Submission Method:

Enter the number of estimated events recorded in the previous year for this interface: \_\_\_\_\_ *[example - number of cancer cases treated or diagnosed]*

### *Application Information\**

System Type: LIMS or LIS  
EHR  
Other:

Application Name\*:

Application Version:

Application Identifier:

Application ONC Certification Year:

Application ONC Certification ID:

### *Vendor Point of Contact\**

Vendor Name\*:

Point of Contact Name\*:

Point of Contact Title:

Point of Contact Phone:

Point of Contact Email Address:

\*Required field: must be completed to move forward in the system.

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## Incentive Program Participation

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*This section is required for Medicaid and Medicare Promoting Interoperability (PI) Programs participants.*

Incentive Program Entity Type\*: Eligible Clinician  
Eligible Professional  
Eligible Hospital  
Critical Access Hospital

Incentive Program Stage\*: 1  
2  
3

Incentive Program Year\*: 1  
2  
3

Incentive Program Reporting Period\*: Start Date – End Date

Incentive Program Point of Contact Name\*:

Incentive Program Point of Contact Title\*:

Incentive Program Point of Contact Phone\*:

Incentive Program Point of Contact Email Address\*:

Incentive Program Enrolled (select all that apply): Medicare  
Medicaid

\*Required field: must be completed to move forward in the system.

+Contact vendor or IT staff for assistance with this section if needed.

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