

## Facility Information Form

The information in this form will be referenced as our HL7 staff adds these facilities/locations to the Tennessee Immunization Information System, TennIIS. This form must be completed for each of your facilities/locations/clinics.

Please complete and return this form to the Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP) together with:

- Organization Information Form
- Vendor/Transport Form

Contact the TennIIS Data Exchange Team at [TennIIS.MU@tn.gov](mailto:TennIIS.MU@tn.gov) if you need assistance.

### **Facility Information**

Facility Name

Street Address (line 1)

Street Address (line 2)

City / State / Zip

Phone

### **Facility Points of Contact (POC)** - \*Must include a primary and backup contact.

The facility Point of Contact (POC) is the individual responsible for managing their facility's TennIIS users and communicating directly with VPDIP any user or facility updates. A primary and backup contact is required. Please include unique email addresses and phone numbers for each contact, if possible.

#### Primary Facility Contact

Name

Email

Phone

#### Backup Facility Contact

Name

Email

Phone