



AG Mednet Participant Information Form

SPARC Trial SUBSCRIBER INFORMATION

Institution where Agent will reside: _____

Address: _____ **Shipping Address:** _____

Individual responsible for Agent installation: _____

Title: _____

Telephone: _____

Email: _____

AGENT CONFIGURATION PARAMETERS

The Agent static non-routable IP address is: ___ . ___ . ___ . ___

The sub-net mask for the network segment is: ___ . ___ . ___ . ___

The default gateway IP address for the network is: ___ . ___ . ___ . ___

We Run **No Proxy Server** **a SOCKS Proxy Server** **an HTTP Proxy Server**

We prefer to receive a: **rack mounted 1U device with universal rails**

mini-tower device

MODALITY/ PACS CONFIGURATION PARAMETERS

AE Title: AGM_SPARC
IP Address: Static IP Address for Agent
Port: 104

I understand that no inbound ports will be open for Agent operations. Outbound ports 22, 1098, 1099, 4445 and 8193 will be open prior to installation to enable the gateway access to the backbone.

Form filled by: _____ **Date:** _____

Please fax this form to Lisa Cantagallo at 617-582-6056.