

APPENDIX I

Key Partners

Please identify three to five key partners (including yourself, if applicable) with the most significant impact to the clinical care initiative. These partners will constitute your award-winning team. For the purposes of this award, laboratory medicine must be one of the key partners. The total number of partners provided should not exceed five, including yourself.

NOTE: Key partner names and contact information are for administration purposes only in association with this award. Names and emails will NOT be distributed or used in any context outside of the UNIVANTS of Healthcare Excellence Awards.

1

LABORATORY MEDICINE/PATHOLOGY PARTNER

First and Last Name _____ Email _____

Professional Title _____ Department/Discipline _____

2

KEY PARTNER

First and Last Name _____ Email _____

Professional Title _____ Department/Discipline _____

3

KEY PARTNER

First and Last Name _____ Email _____

Professional Title _____ Department/Discipline _____

4

KEY PARTNER

First and Last Name _____ Email _____

Professional Title _____ Department/Discipline _____

5

KEY PARTNER

First and Last Name _____ Email _____

Professional Title _____ Department/Discipline _____