PATH™ Discovery Assessment

Finding the Right Fit - Mobile Health Solutions

This assessment helps Network Mobile Health understand your program objectives, collection requirements, geographic coverage, and operational priorities. The information gathered will help us evaluate the capabilities of multiple mobile health service organizations and identify the providers, resources, and solutions best aligned with your program needs.

FRONT / QUESTIONS 1–6

1. Organization & Program Information

Organization: _____

Program Type

☐ Clinical Research ☐ Diagnostics

☐ Wellness/Employer ☐ Population Health

☐ Other: _____

Target Launch Date: _____

Estimated Monthly Volume: _____

2. Primary Contact Information

Name: _____

Title: _____

Email: _____

Phone: _____

3. Geographic Coverage & Patient Concentrations

States / Regions Requiring Coverage:

_____

_____

Key Markets / Patient Concentrations:

_____

_____

Rollout Phases (if applicable):

☐ Single Region ☐ Multi-Region ☐ Nationwide

4. Patient & Program Details

Patient Population:

☐ Adult ☐ Pediatric ☐ Geriatric ☐ Special Needs

Program Setting:

☐ Research Study ☐ Clinical Care ☐ Wellness

☐ Other: _____

Estimated Participants / Patients: _____

Special Considerations:

☐ Non-Ambulatory ☐ Cognitive/Behavioral

☐ Homebound ☐ Other: _____

5. Collection Types

Check all that apply.

☐ Standard Venipuncture ☐ Saliva Collection

☐ Specialty / Complex Collections

☐ Specimen Processing Only

☐ Fingerstick / Capillary ☐ Urine Collection

☐ Dried Blood Spot (DBS)

☐ Mobile Phlebotomy (Home/On-Site)

☐ Clinical Trial Collections

☐ Wellness / Screening

☐ Other: _____

6. Collection Locations

Check all that apply.

☐ Patient Home ☐ Event / Pop-Up

☐ Provider Office ☐ Physician Office

☐ Clinical Trial Site ☐ Hospital / Health System

☐ Senior Living Community

☐ Retail / Community Site

☐ Workplace / Employer Site

☐ Other: _____

Timothy Cajka | 619-961-5258

tim@networkmobilehealth.com | networkmobilehealth.com

PATH™ Discovery Assessment

Finding the Right Fit - Mobile Health Solutions

BACK / QUESTIONS 7–12

Program operations, PATH priorities, and next steps

7. Order Management & Reporting

Order Submission Method (select one):

☐ Portal ☐ Email ☐ Spreadsheet

☐ API Integration ☐ Other: _____

Status Updates Required:

☐ Real-Time Portal Access ☐ Daily

☐ Weekly ☐ Custom

Additional Reporting Requirements:

_____

_____

8. Collection Kits & Specimen Logistics

Collection Kit Provider (select one):

☐ Client ☐ Laboratory ☐ Provider Network

☐ Other: _____

Kits Delivered To (select one):

☐ Patient Home ☐ Provider Office

☐ Clinical Site ☐ Other: _____

Specimen Shipping Method (select one):

☐ FedEx ☐ UPS ☐ USPS

☐ Laboratory Courier

☐ Other: _____

Special Shipping Requirements:

☐ Refrigerated ☐ Ambient ☐ STAT / Same Day

☐ Other: _____

9. Program Timing & Staffing

Start Date: _____

Estimated Duration: _____

Ongoing or One-Time:

☐ One-Time ☐ Ongoing

In-Office Phlebotomy Staffing (if applicable):

☐ Not Required ☐ Temporary ☐ Ongoing Support

Hours Per Day: _____ **Days Per Week:** _____

Staffing Model Preference:

☐ W-2 ☐ 1099 ☐ Either ☐ TBD

10. PATH Alignment Priorities

Check all that apply.

☐ **Quality**
Accurate collections, trained professionals, chain of custody

☐ **Timeliness**
Fast scheduling, reliable completion, quick turnarounds

☐ **Coverage**
Geographic reach, urban and rural access, scalable resources

☐ **Effective Cost**
Competitive and transparent pricing, value for program needs

Additional Considerations:

_____

11. Billing & Contracting

Billing Contact: _____

Billing Email: _____

Purchase Order Required:

☐ Yes ☐ No

Special Billing Requirements:

_____

_____

12. Additional Comments & Next Steps

_____

_____

_____

Timothy Cajka | 619-961-5258
tim@networkmobilehealth.com | networkmobilehealth.com

NETWORK™ MOBILE HEALTH