

Medical IT Site-to-Site VPN Request Form

This form is to request a site-to-site IPSEC VPN with the University of Miami, Miller School of Medicine. All information held on the following worksheet will remain confidential.

When you have completed this form, please fax to (305) 243-6417 or e-mail to help@med.miami.edu (attn: Network Security).

Date of Request:		Needed By:	
University of Miami Miller School of Medicine Sponsor Information:			
UM Sponsor Name:		UM Sponsor Department:	
UM Sponsor Email:		UM Sponsor Phone:	
Vendor Company Information:			
Vendor Contact Name:		Vendor Company:	
Vendor Email:		Vendor Phone:	
Parameters	UM Medical VPN	Partner VPN	
VPN Hardware	Check Point		
Software/Firmware Version	R75.20		
VPN Gateway(s) IP	129.171.150.9		
Digital Certificates	NO		
Pre-shared key	YES		
Authentication Method	Phase 1 (pre-g2-3des-sha)		
IKE Method	Phase 2 (g2-esp-3des-sha)		
Diffie-Hellman Group	Group 2 (1024 bits)		
IPSec Encapsulation Mode	Tunnel		
Network List/Encryption Domain <small>(Note: this list contains the sub-networks and/or specific hosts that need to be accessed. Make sure to include subnet masks)</small> <small>We need your IT Department to supply an IP address for the equipment.</small>			
Access requested (which TCP/UDP ports/protocols and applications will specifically need to be opened)			
Comments and Business Justification:			
UM Sponsor Signature:		Date:	

Requests take 48 hours minimum

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