



ST VINCENT'S
PATHOLOGY

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE



ST VINCENT'S
PRIVATE RADIOLOGY

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE

To be set up for

ELECTRONIC RESULT DOWNLOAD

Complete this form

Please fax completed application form to: Pathology IT Fax: 9231 4214

Or email to PathologyIT@svha.org.au

CUSTOMER REGISTRATION INFORMATION

PRACTICE NAME: _____

ADDRESS: _____

PRACTICE MANAGER/CONTACT NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

IT CONTACT: _____ PHONE: _____

IT EMAIL: _____

CLINICAL PRACTICE SOFTWARE: (eg. Genie, Medical Director) _____

PRACTICE SIZE (NUMBER OF DOCTORS OR FULL TIME EQUIVALENTS): _____

DOCTOR/PROVIDER NO. (OR ATTACH LETTERHEAD): _____ / _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

SITE SUPPORT INFORMATION

Which of the following operating systems will you be using?

Windows

Mac OS

We have a permanent internet connection (Cable/ADSL)

File Path for Download (Eg. C:\MDW2 or \\server\labrslts) _____

We require electronic results for: St Vincent's Pathology St Vincent's Private Radiology

I hereby apply for **Electronic Result Download**. I agree to comply with the Privacy Act (1988), and any directions set down by relevant Professional Bodies concerning the electronic transmission of data.

Signature: _____ Date: _____

For Internal Use

Surgery Code: _____ Trigger: _____

Notes: _____
