



Hospital and Ward details:

Name: _____ Ward: _____

Address: _____

Ward phone: _____ *Mobile number: _____ IP Address: _____ . _____ . _____ . _____

unsure of the IP address, please go to www.whatismyip.com

*Email address (required): _____

Infection Control: Yes No

***MANDATORY FIELDS - required for account management**

Staff Details:

Please list the staff who will be the contacts for the account. A single, generic account will be issued for use by multiple staff in the clinic/ward.

Primary Contact	Mother's maiden name:	Date of birth
_____	_____	_____

Additional Contact	Mother's maiden name:	Date of birth
_____	_____	_____

Additional Contact	Mother's maiden name:	Date of birth
_____	_____	_____

Declaration:

We accept full responsibility for maintaining the confidentiality of the information supplied to us by Sullivan Nicolaides Pathology and acknowledge that this information will be used only for ongoing patient care.

Nurse Unit Manager Authorisation

Name _____

Signature _____

Date _____

Please complete the form and return to:
Doctor IT Services
Sullivan Nicolaides Pathology
A: PO Box 2014, Fortitude Valley Qld 4006
P: +61 7 3377 8611
F: +61 7 3318 7404

Upon receipt of this form you will be allocated a unique username and password to access the service. An email containing your username will be sent to you from sonicdx@snp.com.au and an SMS will be sent with your password.

For security reasons we are unable to send the password via email.

Office use only:

Username: _____
SNP Code: _____

NOVEMBER 2016