

PLEASE COMPLETE ALL FIELDS FOR THE APPLICATION TO BE PROCESSED.

This application/agreement is for a personal Sonic Dx account for use ONLY by the person submitting this application.

Medical practitioner details:

Surname: _____ Given Name: _____
(first & middle initial)

Date of birth: _____ What is your mother's maiden name: _____

Mobile number: _____

Email address: _____

Practitioner Address: (list primary address)

Provider number _____ Practice name and address _____ SNP Code (if known) _____

Registrar (please tick if applicable)

Declaration:

I 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. I acknowledge that this account may be audited regularly for evidence that it is not being used such that a privacy breach may occur. Should this occur, the account will be immediately deactivated. All incidents of breaches of privacy will be notified to the commissioner.

Signature: _____ Date: _____

Please complete the section below for clinical audit applications

RACGP number _____ ACRRM number _____ RANZCOG number _____

ACN number _____ Other _____

	<input type="checkbox"/> Cervical Screening Test Audit	<input type="checkbox"/> Skin Cancer Surgical Audit	
Practitioner peer group (please tick one only)	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> General Practitioner	
	<input type="checkbox"/> General Practitioner - plus Women's Health	<input type="checkbox"/> General Practitioner - plus skin cancer work	
	<input type="checkbox"/> Dedicated Women's Health Practitioner	<input type="checkbox"/> Dedicated skin cancer practitioner	
	<input type="checkbox"/> O & G	Dermoscopy usage	
	<input type="checkbox"/> Nurse		
	<input type="checkbox"/> Other		
	<input type="checkbox"/> None	<input type="checkbox"/> Low	
	<input type="checkbox"/> Medium	<input type="checkbox"/> High	

Please send all clinical audit enquiries to education@snp.com.au

Please complete the form and return to:
Doctor IT Services
Sullivan Nicolaides Pathology
A: PO Box 2014, Fortitude Valley Qld 4006
E: sonicdx@snp.com.au
F: +61 7 3318 7404

Upon acceptance of the application, a unique username and password will be issued to access the service. An email containing the username will be sent to the nominated email address from sonicdx@snp.com.au and an SMS will be sent with the password to the nominated mobile number.
For security reasons we are unable to send the password via email.