



**PLEASE COMPLETE ALL FIELDS FOR THE APPLICATION TO BE PROCESSED.**

#### Hospital, Ward or OPD Clinic details:

Hospital: \_\_\_\_\_ Ward/OPD Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Existing Sonic Dx username (if known): \_\_\_\_\_ Infection Control:  Yes  No

Ward phone: \_\_\_\_\_ IP Address: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Unsure of the IP address? Please go to [www.whatismyip.com](http://www.whatismyip.com)

Nominated mobile number (To receive account password): \_\_\_\_\_

Nominated email address (To receive account username): \_\_\_\_\_

#### User details:

Only staff listed below are permitted to make changes to the account if required i.e. password reset. The names below will only be registered on the account if all fields are completed in full and the staff member has signed the form.

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Primary contact (please print name)

Mother's maiden name

Date of birth

Signature

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Additional contact (please print name)

Mother's maiden name

Date of birth

Signature

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Additional contact (please print name)

Mother's maiden name

Date of birth

Signature

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Additional contact (please print name)

Mother's maiden name

Date of birth

Signature

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Additional contact (please print name)

Mother's maiden name

Date of birth

Signature

#### 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. We acknowledge that this account may be audited regularly for evidence that it is not being used by staff in the clinic to access either their own results or those persons known to them. Should this occur, the account will be immediately deactivated. All incidents of breaches of privacy will be notified to the commissioner.

#### Nurse Unit Manager authorisation:

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Name (please print name)

Date

Signature

When any authorised contacts or nurse unit manager leave this clinic, a new application is required.

Please keep a copy of this agreement.

#### 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](mailto: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](mailto: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.*