Sonic Dx
Simple and Intuitive online results

Specialist and Medical Centres Clinic application

Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

PLEASE COMPLETE ALL FIELDS FOR THE APPLICATION TO BE PROCESSED.

Clinic details

Clinic name: _____

Address: _____

Existing Sonic Dx username (if known): _____

IP Address: ____ . ____ . ____ . ____
Unsure of the IP address? Please go to www.whatismyip.com

Clinic phone: _____

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.

Primary contact (please print name)	Mother's maiden name	Date of birth	Signature
Additional contact (please print name)	Mother's maiden name	Date of birth	Signature
Additional contact (please print name)	Mother's maiden name	Date of birth	Signature
Additional contact (please print name)	Mother's maiden name	Date of birth	Signature
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.

Principal doctor authorisation:

Name (please print name)	Provider number	Date	Signature

When any authorised contacts or the principal doctor leave this clinic, a new application is required.

Please keep a copy of this agreement.

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

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.

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