DOUGLASS HANLY MOIR PATHOLOGY
BARRATT & SMITH PATHOLOGY
Quality is in our DNA

File number (LAB USE ONLY)

# Hospital/Ward/Nursing Home Application form

Sonic Dx RESULTS

**Please complete all fields for the application to be processed**

## DETAILS (This form should be completed by the Nurse Unit Manager or equivalent)

Name _____ Ward _____

Address _____

Phone number _____ Mobile number (required) _____ IP address (required) ___ . ___ . ___ . ___

To confirm the IP address, please visit www.whatismyip.com

Email address (required) _____

Infection control ☐ Yes ☐ No

## STAFF DETAILS

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

Primary contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ___ / ___ / ___

Signature _____

Additional contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ___ / ___ / ___

Signature _____

Additional contact (please print name) _____

Mother's maiden name (security question) _____ Date of birth (security question) ___ / ___ / ___

Signature _____

## DECLARATION – Please print and sign, before submitting this application

We accept full responsibility for maintaining the confidentiality of the information supplied to us by Douglass Hanly Moir 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 in such a way that a privacy breach may occur. Should this occur, we understand that the account will be immediately deactivated and all incidents of breaches of privacy will be notified to the commissioner.

### Nurse Unit Manager authorisation

Name _____

Signature _____

Date ___ / ___ / ___

**When any authorised contact or Nurse Unit Manager leaves this clinic, a new application is required. Please keep a copy of this agreement.**

Please complete this form and email to:

**Client IT Department**
DHM Pathology
14 Giffnock Avenue
Macquarie Park NSW 2113
**E** sonicdx@dhm.com.au
**F** (02) 9805 1781

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@dhm.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.**

For any further information or assistance, please contact Client IT on 1800 653 779.

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