

NEW REQUESTOR FORM

SURNAME			
FIRST NAME			
ROLE	<input type="checkbox"/> Specialist	NZMC #	
	<input type="checkbox"/> GP		
	<input type="checkbox"/> Locum		
	<input type="checkbox"/> Smear Taker	Smear Taker ID	
	<input type="checkbox"/> Midwife	Midwife ID	
	<input type="checkbox"/> Other	<i>Please specify</i>	
For Locum ONLY	Length of time in practice		
EMAIL			
	<input type="checkbox"/> I would like to receive electronic clinical updates from Pathlab		
PRACTICE NAME			
PHYSICAL ADDRESS			
	<input type="checkbox"/> For Midwives: Include address on pre-printed request forms (PLW Use ONLY)		
DHB REGION			
PHONE			AFTER HOURS
FAX			
EDI (HEALTHLINK)			

Privacy Statement: Pathlab collects this information to facilitate the sending of laboratory results and related health information. Pathlab will also share this information with other organisations within the health sector for clinical purposes.

- I hereby authorise Pathlab to use the information contained herein as they require in the receipt and delivery of test results.
- I confirm that all information contained in this form is correct.
- I would like to receive Starter Pack (Midwives ONLY).

DATE	
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Email completed form to: PLW.Testadd@pathlab.co.nz

Or FAX: 07-858 0879