



MAYO UNIVERSITY HOSPITAL PATHOLOGY LABORATORY
GENERAL PATHOLOGY

Document Identification	PATH/MF/060	Edition	2	Effective Date	8 th February 2018
-------------------------	-------------	---------	---	----------------	-------------------------------

Pathology Laboratory Service User Registration Form

GP Practice Contact Details

Practice Name	
Practice Address 1	
Address 2	
Address 3	
Address 4	
Practice Contact Name	
Practice Phone Number	
Practice Fax Number	
Practice E-mail Address	
Out of Hours Phone Number	
Healthlink Registered	
Practice Management System	

GP & Practice Staff Details

PERSON ONE DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON TWO DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON THREE DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON FOUR DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON FIVE DETAILS	
Name	
Position	
Medical Council Number (if applies)	

Document Identification	PATH/MF/060	Edition	2	Effective Date	8 th February 2018
--------------------------------	-------------	----------------	---	-----------------------	-------------------------------

GP & Practice Staff Details

PERSON SIX DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON SEVEN DETAILS	
Name	
Position	
Medical Council Number (if applies)	
PERSON EIGHT DETAILS	
Name	
Position	
Medical Council Number (if applies)	

Please Note that it is the Responsibility of the Practice to inform the Pathology Laboratory if any of the Information contained in this Registration Form requires Amendment or Update e.g. a change of address or contact details, a GP leaving or joining the Practice.
These changes can be alerted to the Laboratory via e-mail or post to the Laboratory Manager, Regina Rogan
E-mail Address: Regina.Rogan@hse.ie
Postal Address: Pathology Laboratory, Mayo University Hospital, Castlebar, Co Mayo

FORM COMPLETED BY	
DATE COMPLETED	