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| **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**  **(secure Healthmail/ HSE email preferred for all communications)** | | **@healthmail.ie** | |
| **Phone Number(s) for Urgent notification of Critical Alert Test Results to GP**  **(also available out of hours)** | | **08 -** | |
| **Healthlink Registered** | |  | |
| **Name of Practice Management System** | |  | |
| N.B. Periodic AUDIT to confirm the correct transfer of test results from Lab analysers, Lab Information Systems, Healthlinks etc to the Practice Management System is required to comply with the ISO15189 accreditation standard and assure quality of the final test report.  Please confirm your Practice is willing to participate in this audit (this would involve minimal time to record a sample of screen shots of the PMS display and returning to the laboratory IT Manager) | | | YES / NO |
| **GP & Practice Staff Details** | | | |
| **Person One Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **Person Two Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **Person Three Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **Person Four Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **Person Five Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **Person Six Details** | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Medical Council Number (if applies)** | |  | |
| **Healthmail e-mail address** | | @healthmail.ie | |
| **Emergency Contact Number**  *(if different from above number given)* | |  | |
| **The Pathology Laboratory User Manual and Test Guide is located at:** [*https://saolta.ie/wards/pathology-laboratory-department-0*](https://saolta.ie/wards/pathology-laboratory-department-0)  **This provides guidance to Laboratory services including Specimen Requirements, Test Directory, Turnaround Time and Critical Alert Values.**  **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 Creighton (*[*Regina.Creighton@hse.ie*](mailto:Regina.Creighton@hse.ie)*) or the Quality Manager, Janet Burke (Janet.Burke@hse.ie)*  *Postal Address: Pathology Laboratory, Mayo University Hospital, Castlebar, Co Mayo F23 H529* | | | |
|  | | | |
| **Form Completed By** |  | | |
| **Date Completed** |  | | |