King Saolta	MAYO UNIVERSITY HOSPITAL PATHOLOGY LABORATORY				
Saolta Say Bind San Bind	GENERAL PATHOLOGY				
Document Identification	PATH/MF/060	Edition	3	Effective Date	23 rd June 2021

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	@healthmail.ie			
preferred for all communications)				
Phone Number(s) for Urgent				
notification of Critical Alert Test	08 -			
Results to GP	00 -			
(also available out of hours)				
Healthlink Registered				
Name of Practice Management System				
N.B. Periodic AUDIT to confirm the correct results from Lab analysers, Lab Information Healthlinks etc to the Practice Management required to comply with the ISO15189 accre and assure quality of the final test report. Please confirm your Practice is willing to pa audit (this would involve minimal time to re- screen shots of the PMS display and returning laboratory IT Manager)	articipate in this ecord a sample of			
GP & Practice Staff Details				
PERSON ONE DETAILS				
Name				
Position				
Medical Council Number (if applies)				
PERSON TWO DETAILS				
Name				
Position				
Medical Council Number (if applies)				

MAYO UNIVERSITY HOSPITAL PATHOLOGY LABORATORY GENERAL PATHOLOGY			Y LABORATORY		
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GP & Practice Staff Details					
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 Numb	er (if applies)				
PERSON SIX DETAILS					
Name					
Position					
Medical Council Number (if applies)					
PERSON SEVEN DETAILS					
Name					
Position					
Medical Council Number (if applies)					

The Pathology Laboratory User Manual and Test Guide is located at:

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 <u>any</u> 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 (<u>Regina.Creighton@hse.ie</u>) or the Quality Manager, Janet <u>Burke (Janet.Burke@hse.ie)</u>

Postal Address: Pathology Laboratory, Mayo University Hospital, Castlebar, Co Mayo F23 H529

FORM COMPLETED BY	
DATE COMPLETED	