



**ST VINCENT'S  
PRIVATE RADIOLOGY**

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE



**ST VINCENT'S  
PATHOLOGY**

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE

## ELECTRONIC RESULT DOWNLOAD

Please fax completed application form to: Pathology IT Fax: 9231 4214

### CUSTOMER REGISTRATION INFORMATION

PRACTICE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRACTICE MANAGER/CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IT CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLINICAL PRACTICE SOFTWARE: (eg. Genie, Medical Director) \_\_\_\_\_

PRACTICE SIZE (NUMBER OF DOCTORS OR FULL TIME EQUIVALENTS): \_\_\_\_\_

DOCTOR/PROVIDER NO. (OR ATTACH LETTERHEAD): \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### SITE SUPPORT INFORMATION

Which of the following operating systems will you be using?

Win XP  Win Vista  Win 2000  Win 2003 server  MacOS X Version \_\_\_\_\_

We have a permanent internet connection (Cable/ADSL)  OR Modem for Dial-up

We have a CD ROM

We have a USB port

File Path for Download (Eg. C:\MDW2 or \\server\labrslts) \_\_\_\_\_

We require electronic results for: St Vincent's Pathology  St Vincent's Private Radiology (SVPR)

I hereby apply for **Electronic Result Download**. I agree to comply with the Privacy Act (1988), and any directions set down by relevant Professional Bodies concerning the electronic transmission of data.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Internal Use

SVP Surgery: \_\_\_\_\_ SVP Trigger: \_\_\_\_\_

CMMI Surgery: \_\_\_\_\_ CMMI Trigger: \_\_\_\_\_