Requestor Code Creation Form for Labtests

Labtests

Requestors Information (Please complete all relevant shaded areas using block letters)

Salutation	❑	Dr	❑	Mr	❑	Ms	❑	Mrs	❑	Prof	❑	Other	
Job Title	❑	GP	❑	Midwife	❑	RMO	❑	NUR	❑	COM	❑	Other	
Surname							**First name**						
Email Address													
After hours: Mobile	02						**Other**						

Role (select one)

❑	Specialist	❑	GP	❑	Locum	**CPN(HPI) #**	NZMC #:
❑	Smear Taker only	Smear Taker ID:		❑	Staff Nurse (including smear taker)		NCONZ #:

Practice Information (Please use block letters)

Company Name					
Practice Name			**HPI Facility ID**		
PHO			**DHB region**		
Main type of work	❑	General Practice	❑	Specialist Practice	Other:
Phone			**Fax***		
Healthlink address			**General email**		
Preferred results delivery (tick)	❑	Healthlink	❑	Fax	❑ Paper copy
Practice Manager/ Main Contact Name			**Practice Manager/ Main Contact Email**		

***By providing a fax number on this form you are confirming that confidential patient information can be sent to this number. Labtests will fax urgent results.**

Physical Communications (Please use block letters)

	Postal Address (NZ Post format)	**For couriers (if different)**
Street Address		
Suburb		
City		
Post code		
Courier pick and drop off instructions:		

❑ **I would like to receive electronic clinical information and updates from Labtests**

❑ **I confirm that all information contained in this form is correct**

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

Requested By: _____ **Signature of Requestor:** _____

Date of request: _____

Return completed form to email address: lta.practitioners@labtests.co.nz or Fax to 09 574 7284

If you have any queries call 09 574 7399

Office Use only	☐ Verified and Released	Code Allocated:	Run Allocated:
	By	Date:	Requester notified ☐