

# New Midwife Information Form



Please complete all relevant information below and return form to: [cscl.referrerupdates@sclabs.co.nz](mailto:cscl.referrerupdates@sclabs.co.nz)

## Your Information

First Name			
Surname			
Mobile			
Email			
Street Address			
Suburb		Postcode	
Registration No.			
HPI/CPN			
EDI			

Preferred results delivery (tick)	<input type="checkbox"/> Electronic	<input type="checkbox"/> Email
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I agree to receive electronic information and updates from Canterbury SCL

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

Requested by (Name): \_\_\_\_\_

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