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 #:	❑ Alternative health professional
❑ Smear Taker only	Smear Taker ID:	❑ Staff Nurse (including smear taker)	NCONZ #:		Speciality:

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					
Preferred results delivery (tick)	❑ Healthlink		❑ email		❑ Paper copy
			❑ All Results	❑ Urgent only	
	Healthlink Address:		Email Address:		
Practice Manager/ Main Contact Name:			**Practice Manager/ Main Contact Email:**		

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
If you have any queries call 09 574 7399

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