Requestor Code Creation Form

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		**Results email** *			
Healthlink address		**General email**			
Preferred results delivery (tick)	❑ Healthlink	❑ Email	❑ Paper copy		
Practice Manager/ Main Contact Name		**Practice Manager/ Main Contact Email**			

***By providing an email address on this form you are confirming that confidential patient information can be sent to this email. Northland Pathology will email 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 confirm that all information contained in this form is correct**

Privacy Statement Northland Pathology, a division of APHG, collects this information to facilitate the sending of laboratory results and related health information. Northland Pathology 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: admin@norpath.co.nz
If you have any queries call 09 438 4243

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