

Department of Pathology, Our Lady's Hospital Navan

MF-GEN-0104 Rev. No. 04	GP access to Laboratory Services and Results	Page 1 of 1 Effective Date: 04/09/2023
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GP Practice Contact Details	(BLOCK CAPITALS) (Complete this section once for multiple forms)
Practice Name	
Practice Address	
Practice Contact Name (Clinical Lead)	
Practice Phone Number	
Practice E-mail Address - @healthmail.ie	@healthmail.ie
Out of Hours Mobile Number ** Mandatory**	
Out of Hours deputising arrangements	
Healthlink Registered	Yes <input type="checkbox"/> No <input type="checkbox"/>
GP Practice Staff Details	(BLOCK CAPITALS) (Multiple forms may be required for larger Surgeries)
PERSON ONE DETAILS	PERMANENT: <input type="checkbox"/> LOCUM: >3 Month? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Position	
Professional Registration Number (if applies)	
Mobile Number (optional)	
PERSON TWO DETAILS	PERMANENT: <input type="checkbox"/> LOCUM: >3 Month? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Position	
Professional Registration Number (if applies)	
Mobile Number (optional)	
PERSON THREE DETAILS	PERMANENT: <input type="checkbox"/> LOCUM: >3 Month? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Position	
Professional Registration Number (if applies)	
Mobile Number (optional)	
PERSON FOUR DETAILS	PERMANENT: <input type="checkbox"/> LOCUM: >3 Month? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	
Position	
Professional Registration Number (if applies)	
Mobile Number (optional)	
Anyone with access to the system is bound by confidentiality. Access and usage criteria are enforced with prevailing Data Protection Legislation.	
Please note that it is the responsibility of the Practice to inform the Laboratory if any of the information contained in this Registration Form requires amendment or update e.g. a change of address or contact details, a GP leaving or joining the Practice.	
<i>These changes can be alerted to the Laboratory via e-mail or post to the Laboratory Manager, Ray O'Hare</i>	
<i>E-mail Address: ray.ohare@hse.ie</i>	
<i>Postal Address: Ray O'Hare, Laboratory Manager, Pathology Laboratory Our Lady's Hospital, Navan, Co Meath</i>	
FORM COMPLETED BY	
DATE COMPLETED	
For Multiple forms only: Form of	