

All GPs who wish to avail of Laboratory Services from the St. James’s Laboratory Medicine Directorate must complete this form. **Note:** All information (1-8) must be provided

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| 1 | Surname |  |
| 2 | Forename |  |
| 3 | Practice Address |  |
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|  |  |  |
|  |  |  |
| 4 | Medical Council Registration No. |  |
| 5 | Practice Telephone No. |  |
| 6 | \*Emergency Contact No. |  |
| 7 | \*\*Agree to Use Electronic Ordering via Healthlink or through the Practice Management System, when it becomes available(Please Initial)  |  |
| 8 | Applicant’s Signature |  |

\* On rare occasions, the laboratory may need to contact a GP outside of normal office hours to communicate a significantly abnormal result. Applicants must provide an out-of-hours contact telephone number.

 \*\*The Department of Laboratory Medicine’s policy is that all GPs wishing to register with the hospital to send pathology work, must sign up for immediate use of electronic ordering and results download using Healthlink (see 7 above). The benefits of such a system in better data integrity and improved patient safety are well established. The Healthlink office can be contacted at (01) 8287115 or at www.healthlink.ie. **Note:** In 2018 or 2019 we expect that with the national MedLIS project electronic ordering will be via the GP’s practice management system.

Please return the completed Application Form to:

Brian Kelleher,

Quality Manager,

LabMed Directorate,

St. James’s Hospital, Dublin 8

bkelleher@stjames.ie

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| ***For Laboratory Use Only*** |
| Date of Receipt of Application Form: |
| Approved by (Laboratory Manager or Designee): |
| Date Approved:  |
| Laboratory Code Assigned: |