

PLEASE COMPLETE ALL FIELDS FOR THE APPLICATION TO BE PROCESSED.

Medical practitioner details:

Surname: _____ Given Name: _____
(first & middle initial)

Date of birth: _____ What is your mother's maiden name: _____

Mobile number: _____

Email address: _____

Practitioner Address: (list primary address)

Provider number _____ Practice name and address _____ SNP Code (if known) _____

Declaration:

I accept full responsibility for maintaining the confidentiality of the information supplied to us by Sullivan Nicolaides Pathology and acknowledge that this information will be used only for ongoing patient care. I acknowledge that this account may be audited regularly for evidence that it is not being used to access either my own results or those persons known to me. Should this occur, the account will be immediately deactivated. All incidents of breaches of privacy will be notified to the commissioner.

Signature: _____ Date: _____

Please complete the section below for clinical audit applications

RACGP number _____ ACRRM number _____ RANZCOG number _____
 ACN number _____ Other _____

	<input type="checkbox"/> Cervical Screening Test Audit	<input type="checkbox"/> Skin Cancer Surgical Audit
Practitioner peer group (please tick one only)	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> General Practitioner
	<input type="checkbox"/> General Practitioner - plus Women's Health	<input type="checkbox"/> General Practitioner - plus skin cancer work
	<input type="checkbox"/> Dedicated Women's Health Practitioner	<input type="checkbox"/> Dedicated skin cancer practitioner
	<input type="checkbox"/> O & G	Dermoscopy usage
	<input type="checkbox"/> Nurse	
	<input type="checkbox"/> Other	
		<input type="checkbox"/> None
	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Please send all clinical audit enquiries to education@snp.com.au

Please complete the form and return to:
Doctor IT Services
Sullivan Nicolaides Pathology
A: PO Box 2014, Fortitude Valley Qld 4006
E: sonicdx@snp.com.au
F: +61 7 3318 7404

Upon acceptance of the application, a unique username and password will be issued to access the service. An email containing the username will be sent to the nominated email address from sonicdx@snp.com.au and an SMS will be sent with the password to the nominated mobile number.
For security reasons we are unable to send the password via email.