**GP Service Request Form**

We have received your request to be set up to avail of laboratory services from the Department of Pathology and Laboratory Medicine, St Vincent’s University Hospital. This will be provided to you through Healthlink electronic reporting on completion and return of the following detail:

**Note: All information must be provided.**

**Note:** **Please complete one form per GP if more than one GP applying.**

|  |  |  |
| --- | --- | --- |
| 1 | GP Full Name |  |
| 2 | Practice Address |  |
| 3 | Medical Council Registration No. |  |
| 4 | Practice Telephone No. |  |
| 5 | Practice Contact Name |  |
| 6 | Email address (for general enquiries) |  |
| 7 | Healthlink Registered Email |  |
| 8 | \*Out-of-hours GP Mobile phone numberNote: This is a MANDATORY FIELD and must be completed in order to proceed with your service request |  |
| 9 | Out-of-hours Deputising Service Contact No. |  |
| 10 | Applicant’s Signature |  |

**NOTE: It is the responsibility of the Clinician to UPDATE this information in the event of any changes, to ensure that their patients are not put at risk in the event of difficulty communicating a critical result.**

\* On rare occasions, the laboratory must contact a GP outside of normal office hours to communicate a significantly abnormal or critical result. An out of hours contact telephone number is a mandatory requirement for all applications and applicants **must provide a mobile phone number** as our first point of contact with critical results.

All GP’s registering with SVPH Pathology Department to access laboratory services must sign up for immediate use of electronic ordering and results download using Healthlink. 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 support.healthlink@hse.ie

**I hereby agree to the Department of Pathology & Laboratory Medicine’s terms and conditions to access laboratory services, including reporting of results using Healthlink as well as providing 24-hr mobile phone details for communication of critical patient results outside of GP Surgery opening hours.**

|  |  |
| --- | --- |
| ***Applicants Signature & Date*** |  |

**This completed application form MUST be returned to Healthlink** (support.healthlink@hse.ie) **prior to sending in bloods for analysis.**

|  |  |  |
| --- | --- | --- |
| ***For Laboratory Use Only*** | ***Date*** | ***Initials*** |
| Receipt of Application Form: |  |  |
| Set up in APEX. **APEX Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| GP Update/ HLK setup complete |  |  |