

Medical Practice Questionnaire

Practice Details				
Practice Name				
Address				
Contact Name or Practice Manager		Mobile Phone		Business Phone
Email address				Fax
Local IT Contact Name (If applicable)		Phone		Mobile
Email address				
Contact Person for PWD Remote Installation (Select one : Clinic or local IT)		Clinic		Local IT
Doctor Details				
Doctors Name <i>Attach further pages if required.</i>	Provider Number		Note Electronic results are provided in HL7 format.	
COMPUTING ENVIRONMENT INFORMATION				
The PathWestDirect client requires Microsoft Windows. Macintosh environments can be supported if installed with a Virtual Windows installation.				
Medical Practice Software (Please include the version of General Practice Software used)				
RETROSPECTIVE ELECTRONIC REPORTS				
Would you like retrospective reports electronically?	YES		NO	
If Yes, from which Date?	From:		To:	
Additional information: For scheduling purposes, please include a date and time most suitable for remote installation of PathWestDirect and the name of the person who will assist with this task. Note: PathWest support staff use the TeamViewer product to provide support remotely.				

Please return this Questionnaire to Information Systems, PathWest, **Fax No: (08) 9381 1704** or email <mailto:PWDSupport.pathwest@health.wa.gov.au> For further information please contact PathWest Support on **6457-2363**

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Enquiries should be addressed to the

Information Technology Manager, PathWest Laboratory Medicine WA.

Locked Bag 2009, Nedlands WA 6909.

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This agreement is governed by the laws of Western Australia, Australia.

Date: 21st August 2017



Acceptance of PathwestDirect Software License Agreement

Practice Name		Telephone	
Address		Fax	

As an authorised representative and behalf of the above facility, I have read and accept the document *PathwestDirect Software License Agreement* dated 1st of February 2017.

I confirm testing of the report delivery service known as PathWest Direct has been completed successfully and that in our current computing environment results for this practice have been successfully delivered to our General Practice Software.

I understand that future changes to our practice’s computing environment (as a result of our practice’s own hardware or software upgrades) may compromise this service.

As a consequence, I understand and accept PathWest cannot be responsible for any impact future changes to our computing environment may have on the current report delivery service. I acknowledge and accept all future liabilities that may occur as a result of the failure of the report delivery service due to our own computing environment changes.

Signed by	Name	Signature	
			Dated:

PathWestDirect support is available to assist PathWestDirect reconfiguration work should this be required for your practice’s future computing environment changes.

OFFICE USE

Received	Name	Practice Code	
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