

**REQUEST TO RECEIVE PATHOLOGY
RESULTS VIA ELECTRONIC DOWNLOAD**



Please complete the information below and save a copy and fax to 9496-5803, or email a copy to DLPathologyAdmin@austin.org.au

CONTACT DETAILS:	
Registered Practice or Surgery Name	
Address	
Telephone Number	
Fax Number	
Contact Name (eg Practice Manager)	
Email Address	
SOFTWARE DETAILS:	
Medical Practice Software	
Message Format required – eg HL7	
*HealthLink Account Name (EDI) <i>If you require a HealthLink account please go to www.healthlink.net</i>	

*Please Note Austin Pathology sends electronic reports via HealthLink

MEDICAL PRACTITIONER DETAILS:			
	Full Name	Specialist status (Y/N)	Provider No
Doctor 1			
Doctor 2			
Doctor 3			
Doctor 4			
Doctor 5			
Doctor 6			