

Commercial Site Questionnaire

HEAD OFFICE DETAILS				
Business Name				
Head Office Address				
ACN \ ABN:				
Contact Name		Phone		Fax
Email address				
IT SUPPORT DETAILS				
IT Support Name		Phone		Fax
Email Address		Mobile		
SITE DETAILS				
(Ignore this section if only one site as detailed above)				
Site Name \ Location				
Site Address				
Contact Name		Phone		Fax
Email Address				
RESULT RECIPIENT DETAILS				
Person to receive Results		Position Held		
E.g. John Smith		E.g. OH&S Officer, Foreman, Owner		
Computing Environment Information				
Operating System compatibility: The environmental requirements for PathWestDirect include a Microsoft Windows environment. Download to Macintosh environments requires a Virtual Windows installation.				
RETROSPECTIVE ELECTRONIC REPORTS				
Would you like retrospective reports electronically? (If NO is selected, results will be processed from system setup date)			YES	NO
If YES, from what date?		From:		
This Form was completed by: Signed:..... Date:.....				
Please return this Questionnaire to PathWest Marketing Department, Fax No: (08) 6457 7369 For further information please contact PathWest Marketing on (08) 6457 2142 or email marketing@pathwest.com.au For any technical information please contact PathWest Support on 6457-2363 or email PWDSupport.pathwest@health.wa.gov.au				

OFFICE USE ONLY.	Service Call Number:	
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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 organisation.

I understand PathWest cannot guarantee that future changes to our practice’s computing environment as a result of the practice’s own hardware or software upgrades will not compromise this service.

I understand and accept PathWest takes no responsibility for any impact future changes to our computing environment may have on the current report delivery service and in signing this disclaimer acknowledge and accept all future liabilities that may occur as a result of the failure of the report delivery service due to our computing environment changes.

Signed by	Name	Signature	
			Dated:

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

OFFICE USE

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