



OFFICE USE ONLY
RECEIVED:
NAME:
PRACTICE CODE:
SERVICE CALL NO:

PathWest Direct (PWD) Application for Electronic Delivery of Results | Medical

Please provide the following details for delivery of electronic results via PWD or to add, change or remove practitioners or switch off hard copy reports. You can use this form to change an existing account or report settings.

Note all three pages must be completed and signed for a new practice account.

PRACTICE DETAILS			
PRACTICE NAME			
ADDRESS			
PRACTICE MANAGEMENT SOFTWARE			
CONTACT NAME			POSITION
	TEL	MOB	FAX
EMAIL	WOULD YOU LIKE REGULAR UPDATES FOR YOUR PRACTICE ON PATHOLOGY & PATHWEST?		<input type="checkbox"/> YES <input type="checkbox"/> NO THANKS

NEW PRACTICE ACCOUNT ONLY			
For new practices only; please continue to next page to modify an existing account.			
LOCAL IT SUPPORT DETAILS			
IT SUPPORT NAME			TEL
EMAIL			MOBILE
BEST CONTACT FOR REMOTE INSTALLATION Please note we use Team Viewer for remote installation	<input type="checkbox"/>	LOCAL IT CONTACT	<input type="checkbox"/> PRACTICE CONTACT
BEST TIME FOR REMOTE INSTALLATION Please suggest the best date and time for remote installation	DATE	TIME	

PRACTITIONER DETAILS			
Please add all practitioners to receive results electronically. Please note practitioners will continue to receive hard copy reports in addition, unless practice wide authorisation is made to switch off hard copy reports.			
NAME	PROVIDER NO	NAME	PROVIDER NO

RETROSPECTIVE REPORTS			
WOULD YOU LIKE TO RECEIVE RETROSPECTIVE REPORTS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	IF YES, FROM WHAT TIME PERIOD?
	If 'No', results will be processed from system setup date	 / / TO / /



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LIST ALL PRACTITIONER REPORT PREFERENCES
LIST, ADD, CHANGE OR REMOVE PRACTITIONERS OR SWITCH OFF HARD COPIES

Please add, change or remove practitioners for an existing PWD account. Ensure you have completed the practice details above. You can select hard copy or electronic reports or both as required. Removing from account means the practitioner is no longer practicing at this clinic and all reporting will be switched off for that individual. Please tick relevant boxes.

ADD, CHANGE OR REMOVE PRACTITIONERS

NAME	PROVIDER NO	ADD NEW	CHANGE EXISTING	REMOVE FROM PWD ACCOUNT	PWD REPORTS			
					ELECTRONIC		HARD COPY	
					ON	OFF	ON	OFF
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SWITCH OFF HARD COPY REPORTS FOR WHOLE PRACTICE

In order for PathWest to turn off hard copy reporting, an authorised representative from the practice must sign behalf of all practitioners (including future practitioners). If a doctor from your practice has a preference to receive hard copies, please provide details using the table provided above.

WOULD YOU LIKE TO SWITCH OFF HARD COPY REPORTS FOR THE WHOLE PRACTICE? YES

AUTHORISE CHANGES

AUTHORISED BY		POSITION	
SIGNATURE		DATE / /



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PathWest Direct (PWD) Software License Agreement | New Practice Account

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

ACCEPTANCE OF PATHWEST DIRECT SOFTWARE LICENSE AGREEMENT

Please only sign for new practice PWD applications.

PRACTICE NAME	DATE
ADDRESS	TEL

As an authorised representative and behalf of the above facility, I have read and accept the document PathWest Direct 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 Practice Management 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	DATE

SUBMIT YOUR APPLICATION

<p>SUBMIT YOUR COMPLETED APPLICATION PathWest Marketing & Client Liaison team Email info.pathwest@health.wa.gov.au or Fax (08) 6457 7369 Call (08) 6457 2142 for more information</p>	<p>FOR TECHNICAL ASSISTANCE PathWest IT Support team Email PWDsupport.pathwest@health.wa.gov.au Call (08) 6383 4900</p>
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