



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 <small>Please note we use Team Viewer for remote installation</small>	<input type="checkbox"/>	LOCAL IT CONTACT	<input type="checkbox"/> PRACTICE CONTACT
BEST TIME FOR REMOTE INSTALLATION <small>Please suggest the best date and time for remote installation</small>	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 <small>If 'No', results will be processed from system setup date</small>	<input type="checkbox"/> YES	IF YES, FROM WHAT TIME PERIOD? / / TO / /

**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"/>
		<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 / /

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

THIS AGREEMENT IS A LEGAL DOCUMENT. CAREFULLY READ THE FOLLOWING TERMS AND CONDITIONS BEFORE THIS SOFTWARE IS LOADED. LOADING OF THIS SOFTWARE INDICATES YOUR ACCEPTANCE OF THESE TERMS AND CONDITIONS. IF YOU DO NOT AGREE WITH THEM, CONTACT PATHWEST LABORATORY MEDICINE WA INFORMATION TECHNOLOGY SECTION. IF YOU ARE CURRENTLY RUNNING THIS SOFTWARE, DO NOT PROCEED BUT INSTEAD EXIT THIS SOFTWARE IMMEDIATELY.

This Software License Agreement (the "Agreement") is a legal agreement between you ("Licensee"), the end-user, and PathWest Laboratory Medicine WA. By using this software or storing this program on a computer hard drive (or other media), you are agreeing to be bound by the terms of this Agreement.

Licensed

You may not alter, merge, modify or adapt This Software in any way, including disassembling or decompiling; loan, rent, lease or licence This Software or any copy; transfer This Software, or any copy, in whole or in part, in any way, including disassembling or decompiling, except as expressly provided for in this licence. If you transfer possession of any copy of This Software to another party, your licence is automatically terminated.

Limited Warranty

PathWest Laboratory Medicine WA warrants that This Software will substantially conform to the applicable user documentation. PathWest Laboratory Medicine WA also warrants that the media on which This Software is distributed is free from defects in materials and workmanship. No oral or written information or advice given by PathWest Laboratory Medicine WA, its dealers, distributors, agents or employees shall create a warranty or in any way increase the scope of this warranty.

Limitation of Liability

To the fullest extent allowed under law, and subject to the Trade Practices Act, PathWest Laboratory Medicine WA excludes all liability for the breach of any other warranty or condition of any kind in respect to This Software, and if such exclusion is not permitted by law, PathWest Laboratory Medicine WA liability for breach of any other warranty or condition will be limited to the replacement and repair of This Software. In no event will PathWest Laboratory Medicine WA be liable for any indirect, consequential or special damages in connection with or arising out of performance of This Software or the accuracy of the data contained in This Software.

PathWest Laboratory Medicine WA will not be liable for any indirect, consequential or special damages in connection with the end-users computer network arising out of performance of This Software or its installation. PathWest Laboratory Medicine WA will not be liable for any misuse of patient results once results have been downloaded to an end-user. It is up to end-users to provide adequate security once results have been downloaded to their computer system.

Copyright

This software is copyright. No part may be reproduced by any process without written permission. Copyright © 2020 PathWest Laboratory Medicine WA. Enquiries should be addressed to the Information Technology Manager, PathWest Laboratory Medicine WA, Locked Bag 2009, Nedlands, WA, 6909.

YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. YOU FURTHER AGREE THAT IT IS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN US WHICH SUPERSEDES ANY PROPOSAL OR PRIOR AGREEMENT, ORAL OR WRITTEN, AND ANY OTHER COMMUNICATION BETWEEN US RELATING TO THE SUBJECT MATTER OF THIS AGREEMENT.



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

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</p> <p>PathWest Marketing & Client Liaison team</p> <p>Email info.pathwest@health.wa.gov.au or Fax (08) 6457 7369</p> <p>Call (08) 6457 2142 for more information</p>	<p>FOR TECHNICAL ASSISTANCE</p> <p>PathWest IT Support team</p> <p>Email PWDsupport.pathwest@health.wa.gov.au</p> <p>Call (08) 6457 2363 or (08) 6457 7405</p>
---	---