eDownloads, eOrders & eResults

Powered by **Clinical**abs AUSTRALIAN

Registration for eDownloads, eOrders & eResults

Clinic Details

Clinic Name			Practice Manager's Name *
Address			Practice Manager's Email *
Suburb	State	Post Code	Email address(es) to be used for automated error alerts and notifications * ☐ *Same as above*
Phone	Fax		

SECTION 1. eDownloads & eOrders.

Q. Would you like to receive pathology results and send eOrders electronically?

☐ *No (Skip to Section 2)*   ☐ *Yes, **Results download** only*   ☐ *Yes, and **send eOrders***

(Medical Director, Best Practice, ZedMed & Medtech only)

Patient Management Software Details

Software Name (eg. Medical Director, Best Practice, Genie etc.)	**For Cloud based Practice Management Software Users** Please provide your unique practice identifier (e.g. for Gentu users GTU12345). It is critical that this identifier matches exactly, please copy and paste if possible.

IT Contact Details

Company/Contact Name *	Contact Number *	IT Contact Email *

Operating System on install computer	**Preferred date & time for Setup**
☐ *Windows 7, 8, 10* ☐ *Mac OS X 10.7 or later*	

SECTION 2. eResults.

Q. Would you like to view Clinical Labs' eResults via the web or phone app?

☐ *No (Skip to Section 3)*   ☐ *Yes, Provide the details below*

Please select the most appropriate option

☐ **Individual login(s).** Each individual listed in this registration form will receive their personal login details. *Skip to Section 3.*

☐ **Shared logins**. All individuals listed in this registration form will use the same login details. All users will have full access to results sent to the group account. Please provide Shared login details below. The account will also need to be IP restricted or have a strong password which will expire every 90 days.

Fields marked with an asterix (*) are mandatory

SECTION 2. eResults (continued)

Shared Login Manager's Details

Title:	Given Name: *	Last Name: *	Position: *

Phone: *	Mobile: *	Email: *

Q. Do you wish to apply for an exception from 'Password Complexity and 90 Days Password Expiry Policies' on this account?

☐ *No* ☐ *Yes* - *To provide adequate security in absence of these policies, access must be locked to a public static IP address range. Relevant IT Contact or ISP should be able to provide you these details for your site.*

Static IP: . . . /

Please provide static IP range in CIDR Format (e.g.10.0.0.0/24). If you are unable to provide CIDR format, please provide IP address and subnet mask.

SECTION 3 . List each doctor requiring setup.

Doctor Details

Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *

Additional doctor details can be added on the next page (Page 3)

Authorisation

I am authorised to provide the above information and declare that to the best my knowledge, it is correct.

Signed: _____ (Print Name): _____ Date: _____

Next Steps

Please save the completed form and email it to clinic-registrations@clinicallabs.com.au.
One of our friendly staff will be in contact with you shortly to complete the setup.

Fields marked with an asterix (*) are mandatory

SECTION 3 . Additional doctor details

Doctor Details

Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *
Title *	Given Name *	Last Name *	Speciality *
Email *Mandatory for eResults online accounts*		Mobile *	Provider Number *

Fields marked with an asterix (*) are mandatory

ACLMAR-FOR-NAT-0013.4 11/18