

### GP Registration Form

<b>Date:</b>	
<b>GP Name:</b>	
<b>GP Medical Council Number:</b>	
<b>GP Practice:</b>	
<b>GP Practice Address:</b>	
<b>Phone Number:</b>	
<b>E-Mail address:</b>	
<b>Surgery hours:</b>	
<b>Estimation of volume of samples per day:</b>	
<b>Delivery method:</b>	
<b>Frequency of deliveries:</b>	
<b>Out of hours contact details (Name and out of hours phone number):</b>	
<b>Confirmation of Healthlink set up:</b>	

**Below is for Laboratory use only**

**GP has been advised of the following:**

Requirement to update out of hours contact details if changed	
Requirement to order tests on Healthlink	
Availability of Pathology information and Request Form on mater.ie	
Availability of supplies from Euroroute logistics	

**Registration details recorded by:**

**Date:**

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**Reviewed and accepted by:**

**Date:**

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**Confirmation of registration sent to GP with copy of Request Form and Euroroute logistics form advising how to order supplies.**