

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

Please provide the following details for delivery of electronic results via PWD for commercial clients. Please note that PWD requires a Microsoft Windows environment. Please ensure you have signed and agreed to the PWD Software License Agreement. You can also use this form to update your details or add additional sites.

HEAD OFFICE | MAIN CONTACT

BUSINESS NAME			
ADDRESS			
ABN/ACN			
CONTACT NAME	TEL	FAX	
EMAIL	WOULD YOU LIKE REGULAR UPDATES ON PATHOLOGY & PATHWEST?		<input type="checkbox"/> YES <input type="checkbox"/> NO THANKS

YOUR IT SUPPORT DETAILS

IT SUPPORT NAME	TEL
EMAIL	MOBILE

ADDITIONAL SITE DETAILS

Only complete if you have more than the one site than just the one you have detailed above

SITE NAME / LOCATION			
SITE ADDRESS			
CONTACT NAME	TEL	FAX	
EMAIL			

RESULT RECIPIENT DETAILS

PERSON TO RECEIVE RESULTS	POSITION HELD
EMAIL	

RETROSPECTIVE REPORTS

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

PathWest Direct (PWD) Software License Agreement

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



OFFICE USE ONLY
 RECEIVED:
 NAME:
 SERVICE CALL NO:

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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