

PSR Registration Form Practitioner/Laboratory

Confidentiality and security:

To ensure the protection of information relating to women on the Pap Smear Register and to safeguard against disclosure of information to unauthorised persons, the Register will issue a unique password once registration has been verified. This password will be confirmed in writing to the address specified below and can be used when making a request for a woman's screening history to assist in assessment.

| | |
|--------------------------------|----------|
| <u>Office use only:</u> | |
| Date: | _____ |
| Password: | _____ |
| Entered: | YES / NO |
| Verified: | YES / NO |
| Data officer sign: | _____ |

Please print using a dark pen: NEW USER MODIFY EXISTING USER

Medicare Provider number (Medical Practitioners only) _____

First Name: _____

Last Name: _____

Work Address: _____

Suburb: _____

Post Code: _____

Work Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Speciality: _____

(eg: Gynaecologist, General Practitioner, Registered/Enrolled Nurse/Midwife, Indigenous Health Worker)

Signature: _____

Date: _____

Please send this form to the:

Queensland Health Pap Smear Register
Locked Bag 20
Fortitude Valley BC Qld 4006

Or fax to:

07 3328 9433

Any questions?

Freecall 1800 777 790