Thank you for your enquiry, in order for us to set your organisation up in our systems, we would be grateful if you could complete the set up form below and email it back to: [labinfo@cdhb.health.nz](mailto:labinfo@cdhb.health.nz) . To help ensure details are correct and not erroneously transposed, it would be appreciated if you could complete this form electronically.

Due to the information contained on our invoices it is important that you read our privacy statement on the following page. Should you wish for patient names to be excluded from our invoices please indicate this on the form below**:**

|  |  |
| --- | --- |
| **Business Name (Trading As)** |  |
| **GST Number (Required)** |  |
| **NZ Business Number (Required)** |  |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact Person for Accounts** |  |
| **Phone Number** |  |
| **Mobile Number** |  |
| **E-mail Address** |  |
| **Contact Person for Results** |  |
| **Phone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Exclude Patient Names from Invoice (Yes or No)** |  |

**PRIVACY STATEMENT**

**Please note that the information that we send to you as part of our invoicing process may contain personal health information (“Information”). You must ensure:**

**• That you have supplied us with a secure, correct and appropriate email address to which Information may be sent by Canterbury Health Laboratories (CHL).**

**• That in relation to the Information, that you and your contractors and employees will comply, at all times, with the Privacy Act 2020 and the Health Information Privacy Code 2020.**

**• That the Information will be securely stored to protect against unauthorised access or use.**

**• That the Information will only be retained for as long as is necessary for the purpose for which it was supplied.**

**• That the Information, when no longer needed, will be appropriately and securely destroyed.**

**Thankyou.**