



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Galway University Hospitals

Ospidéal na h-Ollscoile Gaillimh

UNIVERSITY HOSPITAL GALWAY
MERLIN PARK UNIVERSITY HOSPITAL

Laboratory Medicine Directorate
Regional Pathology Laboratory
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GALWAY UNIVERSITY HOSPITAL LABORATORY MEDICINE DIRECTORATE

USER REGISTRATION FORM

Please fill out this form in clear legible **Bold Lettering** and send to above address.
Please complete one registration for each practice address

Name of Practice:	
Address of Practice	
Add 1	
Add 2	
Add 3	
Add 4	
Practice Contact Name:	
Practice Phone No:	
Practice Fax No:	
Practice Email address:	
Out of Hours Tel No:	
Healthlink:	
Practice Management System	
Doctors in Practice:	
1.Name of Doctor:	
Medical Council No:	
2.Name of Doctor:	
Medical Council No:	
3.Name of Doctor:	
Medical Council No:	
4.Name of Doctor:	
Medical Council No:	
5.Name of Doctor:	
Medical Council No:	
6.Name of Doctor:	
Medical Council No:	
7.Name of Doctor:	
Medical Council No:	
Completed by:	
Date Completed:	