

AUSLAB Clinical and Scientific Information System Pathology WIL Student Access Request

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Complete sections 1 - 3. PLEASE WRITE LEGIBLY.

APPLICANT DETAILS: *(Complete ALL details. Incomplete details will delay processing of your request)*

Section 1

Surname: _____ Given Name: _____ Middle Initial: _____

Course: _____

University: _____ Current Year: 1 2 3 4 5 6

Student Number: _____ Expected Graduation Date: _____

Work Phone Number: _____ Work Fax Number: _____

Location: _____ (Laboratory)

University E-mail: _____

SECURITY POLICY: *(Access will NOT be provided if this section is not signed and dated)*

Section 2

- 1 I have been provided with a copy of and understand the requirements of the Code of Conduct for the Queensland Public Service, the Queensland Health Information Security Policy (V.5.0) and the Information Privacy Act 2009.
- 2 I hereby request access to the Queensland Health Clinical and Scientific Information System (AUSLAB/AUSCARE) and declare that I will abide by the principles of the Code of Conduct for the Queensland Public Service, the Queensland Health Information Security Policy (V.5.0) and the Information Privacy Act 2009.
- 3 In particular I will keep confidential all personal, patient and client information acquired in the course of using AUSLAB/AUSCARE.
- 4 I understand that AUSLAB/AUSCARE contains confidential patient information and access is restricted to enquiries made in the direct course of Queensland Health's mission. Unauthorised access and or use of AUSLAB/AUSCARE will result in loss of access privileges and other remedies available to Queensland Health at law.
- 5 I will regard logins and passwords as confidential and will not share or reveal my login details to another person.
- 6 I understand that all enquiry access is logged and audited.

Applicant's Signature: _____ Date: _____

Section 3

APPROVAL - EXECUTIVE DIRECTOR OF MEDICAL SERVICES – Pathology Queensland:

(Access will NOT be provided without Executive Director of Medical Services Pathology Qld authorisation)

Name: _____ E-mail: _____

Phone Number: _____ Fax Number: _____

I declare that the person described in Section 1, although not an employee of Queensland Health, **is engaged in WIL in laboratories** and requires access to Queensland Health pathology information. I recommend that the person described in Section 1 be given user L1 access to the AUSLAB Clinical and Scientific Information System.

Authorisation: _____ Date: _____

Fax completed form to Laboratory Information Systems and Solutions:
Fax: 07 3000 9330 Phone: 07 3000 9333
Address: Technology Office Park, Building No. 4, 107 Miles Platting Road, Eight Miles Plains QLD 4113

Need more information?
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