

I would like to apply for the secure results facility TDL eViewPlus to access the results of my patients undertaken by TDL. I understand that I will be bound by the terms and conditions of this service. I will also need to read and accept these terms the first time I use TDL eViewPlus.

## PRACTITIONER'S DETAILS

Surname

Forename

Speciality

Required for identification purposes in the event of loss of my TDL eViewPlus username and /or password.

Email

## PRACTICE DETAILS

Practice Name

Address

Town

Postcode

Telephone

Mobile

## ACCESS

Applicant Signature\*

Date

\*please insert electronic signature or print and sign before returning

I give permission for the following to access my patient's results:

Name

Email

Tel

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete this form and either email to [eviewplus@tdlpathology.com](mailto:eviewplus@tdlpathology.com) or fax on 020 7307 7389 or post it to TDL eViewPlus, The Doctors Laboratory, The Halo Building, 1 Mabledon Place, London WC1H 9AX

## FOR OFFICE USE ONLY

Source code