LIS Interface Signup Form

**LIS Name:**

1. [Enter LIS instance]

**Administrator Contact Details**

1. Email: [Enter Email]
2. Telephone: [Enter Telephone]
3. Fax: [Enter Fax]

**Developer Contact Details**

1. Email: [Enter Email]
2. Telephone: [Enter Telephone]
3. Fax: [Enter Fax]

**Developer BloodPortal Account(s)**

1. [Enter BloodPortal account username]
2. [Enter BloodPortal account username]
3. [Enter BloodPortal account username]
4. [Enter BloodPortal account username]
5. [Enter BloodPortal account username]

**Health Provider(s) that LIS needs to access**

1. AHP Code(s): [Enter AHP code(s)]
2. AHP Name(s): [Enter AHP name(s)]

**Organisation and LIS Name**

1. [Enter organisation(s) Name and LIS Name (i.e. Apollo, AUSLAB, Cerner, eBlood, Kestral, Medipath, Other (Please specify the Company/LIS System name), TrackCare, Ultra)]

**Submission**

Thank you for completing this form. Please email completed forms to [support@blood.gov.au](mailto:support@blood.gov.au). Please ensure to include written approval(s) from each AHPs