

LETTER OF CONSENT

Date: _____

To: PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD

I, _____ MCR No. _____

(Doctor Name)

of _____ ("Clinic")

(Clinic Name)

Attention: The Officer-in-charge

We hereby consent to PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD electronically transmitting all my Clinic's patients' pathology requests and test results ("Patient Data") to the electronic platform operated by Assurance Technology Pte Ltd ("Service Provider"). We understand that this electronic platform shall integrate my Clinic's IT system with PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD's Cyberlab System and the National Electronic Health Record.

We understand the risks that are inherent in electronic transmissions, and that there may be unauthorized or unintended access by others that is beyond PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD and/or Service Provider's control despite PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD and/or Service Provider having taken reasonable precautions, and for which PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD and/or Service Provider cannot be held responsible unless it can be proved that the risk occurred due to the negligence of PATHOLOGY & CLINICAL LABORATORY (SINGAPORE) PTE LTD and/or Service Provider.

Yours faithfully

(Signature)

(Clinic Stamp)

Copy: Assurance Technology Pte Ltd (CMS vendor)

Request for electronic transmission of patient data to Clinic Management System or Third-Party Vendor

Clinic details:

Name of Medical Director	
MCR Number	
Dr's Mobile number	
Name of Clinic	
Address of Clinic	
PHMC Number	

Clinic Management System or Third-Party Vendor Details:

Name of Contact Person	CAS SUPPORT
Telephone Number	65632435
Email Address	support@eclinic.com.sg
Company Name	Assurance Technology
Address	Blk 134 Jurong Gateway #04-309R Singapore 600134
Clinic Management System/ Product Name	CLINIC ASSIST