

AUTHORISATION FORM

SUBMITTING DIGITAL RESULTS THROUGH THE CLINICAL MANAGEMENT SYSTEM

To :-

Parkway Laboratory Services Ltd
2 Aljunied Avenue 1 #07-11
Framework Building 2
Singapore 389977

Fax No: 6248 5845

Email: pls.marketing@parkwaypantai.com

Date: _____

The Doctors listed in Annex 1 (“Clinics”) at _____ (“Clinic”)
Clinic’s Name
wish to receive their patient’s results, pathology requests, demographic data, and tests results (“Patient Results”) from Parkway Laboratory Services Ltd (PLS) electronically via the Clinic’s clinical management system _____ (“System”) provided by the vendor,
System’s Name

Vendor’s Name (“Vendor”).

On behalf of the Doctors, the Clinic hereby instructs PLS to electronically transmit the Patient Results to the Doctors via the System, in accordance with such instructions as the Clinic may provide to PLS from time to time. If the Clinic no longer require PLS to electronically transmit the Patient Results to any of the Doctors via the System, the Clinic must instruct PLS accordingly in writing.

In addition, the Clinic acknowledges, agrees and undertakes to PLS as follows:

- (i) the Clinic is authorised to instruct PLS on behalf of the Doctors in accordance with this Authorisation Form;
- (ii) in transmitting the Patient Results to the Doctors, PLS is acting in accordance with the Clinic’s instructions. The Clinic shall immediately update PLS in the event of any changes to the Clinic’s instructions. In particular, in the event that the practice of any of the Doctors is changed or terminated, the Clinic shall inform PLS and all other relevant parties (including the Vendor) immediately so that PLS will cease transmitting that Doctor’s Patient Results to the Clinic;
- (iii) the System and the Clinic’s access to the System is provided to the Clinic by the Vendor in accordance with the Clinic’s specifications and requirements. The Patient Results are being transmitted to the Clinic at the request of Clinic and at the Clinic’s own risk;
- (iv) PLS has the right to retain copies of any databases, files and Patient Results for their own record-keeping purposes and for compliance with applicable law;

- (v) the Clinic shall procure the compliance of the Vendor with all applicable obligations of the Personal Data Protection Act 2012 (PDPA);
- (vi) the Clinic shall obtain, and shall procure that each Doctor obtains, the consent of their patients in accordance with the requirements of the PDPA for the transmission of the Patient Results to the Clinic through the System and retain records of such consents. The Clinic shall provide PLS with copies of the patients' consents upon request by PLS;
- (vii) the Clinic shall ensure that each Doctor accesses only the Patient Results of their own patients, or otherwise accesses Patient Results in accordance with consents which have been obtained by the Doctor from the relevant patient;
- (viii) the Clinic shall not hold PLS liable for any loss or damage which may be suffered by the Clinic in connection with the electronic transmission of the Patient Results through the System; and
- (ix) the Clinic shall keep PLS, its officers, directors, employees and agents (“**Indemnitees**”) indemnified against all losses, damages, claims, demands, actions, proceedings, liabilities and expenses whatsoever (including but not limited to all legal costs or attorney's fees on a full indemnity basis) that any of the Indemnitees may incur or suffer arising from or in connection with the transmission of the Patient Results through the System to Clinic.

Clinical Director's Signature

Name : _____

For and on behalf of : _____
Clinic's Name

Clinic's Stamp and Address

HCI Code : _____

Annex 1

The following Doctors would like to receive their Patient Results from PLS electronically via the System:

Doctor's Name and MCR No. _____

Doctor's Name and MCR No. _____

Doctor's Name and MCR No. _____

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Doctor's Name and MCR No. _____

Doctor's Name and MCR No. _____

Doctor's Name and MCR No. _____

Doctor's Name and MCR No. _____

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