

# Registration Clinical Audit (CST)



Participation in the CST Audit requires a Sonic Dx\* username and password in order to access your clinical audit reports. Registration also includes the creation of a Sonic Dx account, if you do not already have one.

\*Sonic Dx is Sonic Healthcare's online pathology results service.

**Sonic Dx**  
RESULTS

**Register online at:** [register.apps.sonichealthcare.com/audits](https://register.apps.sonichealthcare.com/audits) or

**Email this form back to:** [cstaudit@mps.com.au](mailto:cstaudit@mps.com.au)

## 1 PRACTITIONER DETAILS

Title \_\_\_\_\_ Given name \_\_\_\_\_ Surname \_\_\_\_\_

Practice name and address (list primary address) \_\_\_\_\_

Mobile number\* \_\_\_\_\_ Email address (personal)\* \_\_\_\_\_

Provider number \_\_\_\_\_ Doctor code (if known) \_\_\_\_\_

\*Mandatory fields required for account management

## 2 PROFESSIONAL DEVELOPMENT ENROLMENT (please provide applicable details for your registration)

☐ RACGP number \_\_\_\_\_ ☐ RANZCOG number \_\_\_\_\_ ☐ Other professional number \_\_\_\_\_

☐ ACRRM number \_\_\_\_\_ ☐ ACN number \_\_\_\_\_

## 3 CST AUDIT PRACTITIONER PEER GROUP (please tick one)

☐ General Practitioner

☐ O&G

☐ General Practitioner – plus Women's Health

☐ Nurse Practitioner/Nurse

☐ Dedicated Women's Health Practitioner (GP only)

☐ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please complete this form and email to:  
**cstaudit@mps.com.au**

For more information contact:

**Client IT**

Melbourne Pathology

103 Victoria Parade

Collingwood VIC 3066

P (03) 9287 7731

Upon receipt of this form you will be sent an email confirming your enrolment. If you are a new Sonic Dx user, you will also be allocated a unique username and password to access your online reports. An email containing your username will be sent to your nominated email address and an SMS will be sent with your password.

**For security reasons we are unable to send the password via email.**