

CDx Connect Access Authorisation Form

For online access to results through the Eurofins Biomnis CDxConnect portal, please complete this authorisation form and return it to Eurofins Biomnis by:

E-mail (preferred): clientservices@eurofins-biomnis.ie

Fax: 01-2955399

Post: Client Services Department, Eurofins Biomnis, Three Rock Road, Sandyford Business Estate, Dublin 18

Details of the User Requiring Access: Please Make Sure User and Authoriser are Different People

Name (BLOCK CAPITALS): _____

Position: _____

Department: _____

Email Address: _____

Name of Organisation: _____

Address of Organisation: _____

Please Make Sure User and Authoriser are Different People and that the signature field is actually signed manually or electronically

Authorising Signature:

I, (BLOCK CAPITALS) _____, hereby authorise the above member of staff to access patient results and be the Main Designated User of CDxConnect on behalf of the organisation specified above:

Signature: _____

Position: _____

Date: ____ / ____ / ____

****Note: Please allow 5 working days for setup of new accounts from receipt of your request****

IMPORTANT: Access to CDxConnect is specific to each individual and the sharing of unique personal username and password is **strictly prohibited**. If a staff member no longer requires such access to patient results please contact Eurofins Biomnis and request deactivation of online account access for that person.