

ENFER MEDICAL GP CRITICAL RESULT CONTACT FORM

GP Information

GP Practice Name:	
GP Practice Address:	
GP Practice ID:	
GP Name:	
GP MCRN:	

GP Normal Working Hours Contact Information

Primary Contact

Contact Name:	
Telephone Number:	
Hours of availability:	

Secondary Contact

Contact Name:	
Telephone Number:	
Hours of availability:	

GP Out of Hours Contact Information*

Primary Contact

Contact Name:	
Telephone Number:	
Hours of availability:	

Secondary Contact

Contact Name:	
Telephone Number:	
Hours of availability:	

* It is a requirement to provide an "out of hours" contact number, this may be provided by referring GPs to Enfer Medical via a designated mobile number or through an agreement with a proxy agency like North East Doc On Call (NEDOC).

Where "Out of Hours Contact Information" is not provided above and where Enfer Medical cannot fulfil its' obligation to report a critical result in accordance with statutory requirements, then the referring GP acknowledges and accepts that Enfer Medical, will have no choice but to record all attempts at reporting the critical result and report the critical result on the next working day. The referring GP shall be responsible for the receiving of this critical result and any delays arising.