INSCYTE
CORPORATION

100 Sheppard Ave E, Suite 1201, Toronto, Ontario, Canada M2N 6N5 Tel: (416) 594-9393 Fax: (416) 594-2420 www.inscyte.org

Application Information

Inscyte is pleased to provide you with the application forms to register to access the CytoBase for Clinicians web site.

There are two types of application forms, Provider and Delegate. The Provider form is for the provider of medical service, who is responsible for the patient; the Delegate form is for any delegate staff who access CytoBase for Clinicians on the Provider's behalf.

The protection of the privacy of patient information is of the utmost importance and is effected by both policy and technology. In this regard it is important that the registration application forms are completed fully.

Please ensure that the following are included on the Provider Application:

- ☐ A copy of a photo-identification (e.g. Hospital ID or photo driver's license).
- ☐ Your CPSO License Number/CNO License Number
- ☐ Your OHIP Billing number
- ☐ Your Liability Insurance Carrier (e.g. CMPA) and Policy Number.
- ☐ The application form is signed and dated.

Please ensure that the following are included on the Delegate application:

- ☐ The Provider's Name, CPSO License Number/CNO License Number and signature as sponsor of the Delegate.

INSCYTE CORPORATION

Delegate Application
CytoBase for Clinicians

Mail completed and signed application to INSCYTE Corporation, 100 Sheppard Avenue E, Suite 1201, Toronto, Ontario M2N 6N5 or Fax to 416-594-2420 or Email Inscyte@Inspirata.com. For additional information visit www.inscyte.org

Delegate of:

Surname | First Name | Middle Name

Account ID (Provider) | CPSO License No.

I delegate authority to the applicant for CytoBase for Clinicians in accordance with the policies of INSCYTE Corporation,

Signature (Provider) | Date

Applicant Information:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Previous User ☐ New User

Surname | First Name | Middle Name

Role: ☐ Administrator ☐ Clerk ☐ Nurse | Other | License (if Applicable)

Institution | Clinic

Street Number | Street | Suite

City | Province | Postal Code

Area Code | Telephone | Ext.

Fax | E-mail

Terms and Conditions

INSCYTE Corporation (INSCYTE) provides access to the cervical cytology data in CytoBase for registered providers and registered delegates of CytoBase for Clinicians for the purpose of patient management under the authority of Sections 39 (1)(c) and 49 (1)(a) of the Personal Health Information Protection Act, 2004. By signing this document, you agree to the following terms and conditions and certify that the information you have provided in this application is correct and accurate and may be verified by INSCYTE or its agents.

You agree that CytoBase data will be accessed only on patients directly in the care of the registered provider who delegated authority to you and only with the patient's informed consent. All data obtained from the system will be treated as confidential personal health information in accordance with the provisions of the Personal Health Information Protection Act, 2004. You will use the system only for its intended purpose and maintain the confidentiality of account names and personal identification numbers. In the event that you misuse the system or permit a breach of privacy, your rights to access to the system will be revoked. You will notify INSCYTE of any apparent misuses of the system. INSCYTE may review any provider's or delegate's record of system access. You acknowledge that the cervical cytology data are derived from third parties and that these data may not be complete or correct. This registration shall be in effect for one year and may be renewed for subsequent one-year periods.

Signature (Applicant) | Date

FOR OFFICE USE ONLY

☐ Approved by Provider ☐ Employed at Institution stated ☐ Provider is registered