

HPSC Robot Query Form

** denotes mandatory fields*

High Level description of robot query*

Contact details of person raising query

First name*:

Phone number*:

Surname*:

Email Address*:

Organisation*:

Local Investigation Findings*

Date issue detected*:

Apx. time detected:

Please select subprocess affected*:

If your query is SP1 related, please provide relevant specimen ID (s):

If your query is SP2 related, please provide relevant patient ID(s):

****please attach relevant screenshots from your local investigation to the email excluding any patient identifying information. Unfortunately, if no local investigation completed, due to resource constraints at HPSC Robot Support, regrettably we will be unable to investigate your query.***

Signed*:

Date*:

Completed form to be sent to robotsupport@hpsc.ie. Please note this email is not monitored 5 days a week. We will respond to your query as soon as possible.

For HPSC Robot Team Use only

Query number:

Approved: Yes

No

Assign to:

Senior Epi/Senior PM Signature:

Date: