Australian Government

Australian Digital Health Agency

Notification of Intent to Operate
Open Prescription Delivery or Active Script List Registry Service

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Please note this form is to be completed by Open Prescription Delivery or Active Script List Registry Service software vendors.

By submitting this form, you are consenting for the Australian Digital Health Agency (the Agency) to disclose the information in this form about you, your organisation and your product to the Department of Human Services (DHS) and contractors. You are consenting to the Agency's use and storage of the information to assist you in testing your product against Electronic Prescribing system requirements and, if successful, monitoring the ongoing conformance of your product. Please ensure all information is correct.

All fields marked * are mandatory.

1.   Software vendor name *

2.   Product name *

3.   Provide any alternate name(s) for your product

4.   Product version *

5. Software product role *

(Open Prescription Delivery Service/Active Script List Registry Service)

☐ Open Prescription Delivery Service

☐ Active Script List Registry Service

6. Contact details

To be used throughout the testing process

Primary contact	**Secondary contact**
Full name *	Full name *
Phone *	Phone *
Mobile *	Mobile *
Email *	Email *
Address	Address
Suburb	Suburb
Post code	Post code
State	State

Product Support Contact Details

These details will be published on the Australian Digital Health Agency's developer website for 3rd party developers.

Customer Support Channel *(Select all that apply)*	Support Details *(e.g. contact number, email address, web address)*	Hours of Support *(e.g. 24 hours, 9:00 – 17:00 AEST)*
☐ Contact help desk		
☐ Email		

7. Background and product overview

Have you started development?
☐ YES or ☐ NO

8. Is there anything else that you believe may be helpful for us to understand about your product?

9. Submit form

Email your completed form to: help@digitalhealth.gov.au

Submission Date: Click here to enter a date.