

# Audit Registration Form

Please complete all sections below. Please note: Supplying your RACGP QI&CPD/ACRRM number and email address is vital for us to accurately allocate your education points.

## DOCTOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

QML Dr. Code (if known): \_\_\_\_\_ RACGP QI&CPD/ACRRM No.: \_\_\_\_\_

**Important**

## WHICH AUDIT/S WOULD YOU LIKE TO REGISTER FOR? - PLEASE TICK

**Surgical Skin Audit**

**Dysglycaemic States and Diabetes Mellitus Audit**

## CONTACT DETAILS

Provider No.: \_\_\_\_\_

Practice Address (Primary Location): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Practice Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Provider No.: \_\_\_\_\_

**Mandatory**

**Please Note:** Specific pathology request forms must accompany all specimens submitted to the Surgical Skin Audit. Any specimens submitted without the required request form cannot be counted in the audit. The Dysglycaemic States and Diabetes Mellitus Audit does NOT require special request forms. Patient figures and statistics included in all QML Pathology Audit reporting can only reflect those patients who have been referred and presented for testing at QML Pathology. Doctors will receive reports only relevant to the audit/s they have registered with as above.

**DOCTOR'S SIGNATURE** \_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete, scan and email or fax this registration form to [education@qml.com.au](mailto:education@qml.com.au) / (07) 3121 4478**

Please tick to request that the email provided above is not used for marketing communications.

**PRIVACY** All information supplied will be treated in accordance with the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles. Only de-identified information will be supplied. No identifying demographic details of either the patient or the referring doctor will be released.

