



Surgical Skin Audit Registration Form

Please email registration form to: AbbottSkinAudit@abbottpathology.com.au
OR download the Skin Audit Registration Form from our website
www.abbottpathology.com.au under "I am a doctor" tab.

Doctor Information

Title:	First Name:	Last Name:	Provider No:
Abbott Dr. Code (if known):		RACGP QI & CPD/ACRRM No: REQUIRED TO OBTAIN CPD POINTS	
Doctor Type: (please tick) <input type="checkbox"/> General Practitioner <input type="checkbox"/> Skin Cancer Practitioner <input type="checkbox"/> Plastic / General Surgeon <input type="checkbox"/> Dermatologist		Use of Dermoscopy: <input type="checkbox"/> No <input type="checkbox"/> Always <input type="checkbox"/> Sometimes	Use of Sequential Digital Imaging: <input type="checkbox"/> Yes <input type="checkbox"/> No

Practice Details

Your Practice Name (primary location):	
Your Practice Address (primary location): Street: _____ Suburb: _____ Postcode: _____	Location Type: <input type="checkbox"/> Major City <input type="checkbox"/> Large City <input type="checkbox"/> Rural / Remote
Phone No / Mobile No: _____ <i>You will be contacted on this number to be given your confidential username and password.</i>	
Email Address:	
Other Practice locations to be included in this audit:	OFFICE USE: Dr Codes Request Forms Letter of Confirmation

FREQUENCY OF REPORTS HALF YEARLY YEARLY

I, Dr _____ (print name) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases and I will contact Abbott Pathology if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's Signature _____ Date _____

Please note: You will receive designated Skin Audit Request Forms within 2 weeks of registration. If you do not receive your designated Skin Audit Request Forms within 2 weeks of submitting this form, please email AbbottSkinAudit@abbottpathology.com.au OR contact your Medical Liaison Officer.