

Cytology Pap Smear Audit

REGISTRATION FORM

DOCTOR INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Abbott Dr. Code (if known): _____ RACGP QI&CPD/ACRRM No.: _____

Have You Included
your RACGP
QI&CPD/ ACRRM?

CONTACT DETAILS

Practice Address (Primary Location): _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____ Provider No.: _____

Other Practice Location: _____

Phone: _____ Provider No.: _____

All Doctors Will Receive Their Report and a Monthly Basis and at the Finalisation of their Audit.

PRACTITIONER TYPE

- General Practitioner
- General Practitioner specialising in Women's Health
- Sexual Health Clinic
- Obstetrician & Gynaecologist
- Dedicated Women's Health Clinic
- Nurse Practitioner

EDUCATION POINTS

Eligible general practitioners with a current RACGP QI&CPD number may attain 40 Category 1 points by participating in the Abbott Pathology Cytology Pap Smear Audit.

USE OF DE-IDENTIFIED DATA*

YES* NO

Completed Registration Form Can Be Faxed To
(08) 8443 3146, For the Attention of Cytology.

DOCTOR'S SIGNATURE

Date: ____/____/____

PRIVACY

*Please note that ticking the 'Yes' box gives Abbott Pathology permission to release de-identified information relating to this request and pathology findings to participants in the Cytology Pap Smear Audit. 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.