

## QAAMS Program Enrolment Form – Atellica DCA

Please complete and email to the QAAMS Management Team on [qaams@flinders.edu.au](mailto:qaams@flinders.edu.au)

<b>Full Name of Service</b>	
<b>QAAMS Program Participation</b>	
<input type="checkbox"/> HbA1c	<input type="checkbox"/> Urine ACR
<b>Atellica DCA Device</b>	
<input type="checkbox"/> Atellica DCA Device On-Site	<input type="checkbox"/> Plan to Purchase Atellica DCA Device
<b>Point-of Care Testing Contacts</b>	
Please provide the details of the Health Service staff who will oversee QAAMS Point-of-Care Testing	
<b>First Contact</b>	
Full Name:	Position:
Phone Number:	Mobile Number:
Email address:	
<b>Second Contact</b>	
Full Name:	Position:
Phone Number:	Mobile Number:
Email address:	
<b>Management Contacts</b>	
Please provide the details of the Health Service CEO/Director or HCM	
Full Name:	Position:

Phone Number:	Mobile Number:
Email address:	
<b>Delivery Addresses for QAAMS Materials</b>	
Health Service Full Street and Postal Address	
Street Address:	
Suburb:	Postcode:
Postal Address:	
Suburb:	Postcode:
As CEO/Director of this service, I, _____ (print name), give my approval <b><i>for our service to participate in the QAAMS Program.</i></b>	
Signed:	Date:
QAAMS Program Management Flinders University International Centre for POCT T (08) 8201 7555   E QAAMS@FLINDERS.EDU.AU	