QUALITY USE OF MEDICINES MAXIMISED FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE (QUMAX)

QUMAX REPORTING FORM

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st report 1 July–31 October</td>
<td>15 November</td>
</tr>
<tr>
<td>2nd report 1 November–28 February</td>
<td>15 March</td>
</tr>
<tr>
<td>3rd report 1 March–30 June</td>
<td>15 July</td>
</tr>
</tbody>
</table>

OFFICE USE ONLY
Reference No.: [Blank]
Received: [Blank]
Approved for payment: [Blank]

QUMAX DAA AGREEMENT DETAILS

Community Pharmacy Name: [Blank]
Pharmacy Approval Number: [Blank]
Name of ACCHO: [Blank]


Total number of QUMAX patients receiving a weekly DAA service for this reporting period: [Blank]
Total number of QUMAX DAA packs provided for reporting period (optional): [Blank]

DECLARATION

I declare that the information given by me in this application is true and correct.

Signature of Owner or Authorised Person: [Blank]
Date: [Blank]

CONTACT

QUMAX Support Team
The Pharmacy Guild of Australia
PO Box 310, Fyshwick, ACT 2609 Australia
Email: qumax@6cpa.com.au
Fax: (02) 6277 1046

For more information, please telephone:
QUMAX Hotline: 1300 764 088

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APRIL 2017