

QUMAX REPORTING FORM

	Reporting period	Due date
1st report	1 July–31 October	15 November
2nd report	1 November–28 February	15 March
3rd report	1 March–30 June	15 July

OFFICE USE ONLY

Reference No.:

Received:

Approved for payment:

QUMAX DAA AGREEMENT DETAILS

Community Pharmacy Name:

Pharmacy Approval Number:

Name of ACCHO:

Tick reporting type: 1st report 2nd report 3rd report

Total number of QUMAX patients receiving a weekly DAA service for this reporting period:

Total number of QUMAX DAA packs provided for reporting period (optional):

DECLARATION

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

Signature of Owner or Authorised Person

Date

CONTACT

QUMAX Support Team
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