Registration Form

Cervical Screening Audit

Please complete all sections below. Please note: Supplying your RACGP/ACRRM/RANZCOG number and email address is vital for us to accurately allocate your education points.

DOCTOR INFORMATION

Title: _____ First Name: _____ Last Name: _____

TML Dr. Code (if known): _____ Provider No.: _____

Name of College: _____ College Registration No.: _____ Mandatory

Practitioner Type

☐ General Practitioner
☐ Sexual Health Clinic
☐ General Practitioner specialising in Women's Health
☐ Obstetrician and Gynaecologist

PRACTICE DETAILS

Practice Name (Primary Location): _____

Practice Address (Primary Location): _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____ Required

Other practice locations to be included in this audit: _____

_____

_____

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

Doctor's Signature _____ Date: _____

Please Note: It is recommended that specimens be submitted on **lavender** Cervical Screening Test Request forms which are available via your stores network or your nearest laboratory.

Complete, scan and email or fax this registration form to **education@tmlpath.com.au** / **(07) 3121 4478**

RANZCOG CPD APPROVED ACTIVITY 2019 · 2022 TRIENNIUM

ACRRM PDP ACCREDITED ACTIVITY 2020 - 2022

RACGP CPD Accredited Activity 2020 22 40 points

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TMLPathology
Tasmanian Medical Laboratories

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a TML Pathology PUB/MR/1050_V2_Jan21