

# H1N1 INFLUENZA 09 (HUMAN SWINE INFLUENZA)

## General Practice and Aboriginal Medical Service Order Form

**Fax to 1800 041 528**

Enquiries regarding orders/dispatch: **1300 656 132**

Please provide your completed treatment record form when requesting re-supply

PROVIDER DETAILS		
<b>Date:</b>	<b>Number of GPs in practice (F/T and P/T):</b>	<b>Vaccine Account Number (VAN):</b>
<b>Practice Name:</b>		<b>Opening Hours (for delivery):</b>
<b>Delivery Address:</b>		
<b>Phone:</b>	<b>Name of person ordering:</b>	
<b>Fax:</b>		

### DECLARATION:

*For practices with only a single practitioner, this declaration must be made by the practitioner. For practices with multiple practitioners this declaration must be made by a duly authorised practitioner or practice manager on behalf of all practitioners.*

- I/we understand that in order for my/our practice to be provided with free anti-viral medication and surgical masks from the national medical stockpile I/we agree to follow the Australian Government criteria for the use of stockpile medication.
- I/we agree to provide a record in the form of a line listing of patients who have already received anti-influenza treatment from the national medical stockpile when requesting re-supply.
- I/we understand that my/our practice may be audited at any time to assess compliance with the Australian Government criteria for use of stockpile medication.

Name of authorised practitioner:

Signature:

Date: / /

<b>ORDER:</b>	<b>Number of boxes in stock</b>	<b>Number of boxes to be supplied</b>
<b>Oseltamivir 75mg (TAMIFLU)</b> <b>(pack of 10 capsules)</b> <i>Maximum of 50 boxes (courses) per order</i>		
<b>Zanamivir 5mg (RELENZA)</b> <b>inhaler</b> <i>Maximum of 10 boxes (courses) per order</i>		
<b>Surgical masks</b> <i>Maximum of 6 boxes per order (each box contains 50 masks)</i>		