



# Surgical Skin Audit Registration Form

COMPLETED REGISTRATION FORM CAN BE FAXED TO (07) 3121 4972  
FOR THE ATTENTION OF MARKETING DEPARTMENT, CENTRAL BRISBANE LABORATORY, MURARRIE

## DOCTOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
QML Dr. Code (if known): \_\_\_\_\_ RACGP QI&CPD No.: \_\_\_\_\_

## CONTACT DETAILS

Practice Address (Primary Location): \_\_\_\_\_  
\_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Provider No.: \_\_\_\_\_

## PRACTITIONER TYPE

General Practitioner     Skin Cancer Practitioner     Specialist Dermatologist     Plastic Surgeon

## REPORT FREQUENCY

3 monthly     6 monthly

All Doctors will receive their report on a monthly basis and at the finalisation of their audit.  
If you would also like to receive a cumulative report, please indicate the frequency.

## USE OF DERMOSCOPY

Yes     No

## USE OF SEQUENTIAL DIGITAL IMAGING

Yes     No

## USE OF DE-IDENTIFIED DATA\*

Yes\*     No

## PRIVACY

\*Please note that ticking the 'Yes' box gives QML Pathology permission to release de-identified information relating to this request and pathology findings to participants in the surgical skin audit. All information supplied will be treated in accordance with the *Privacy Amendment (Private Sector) Act 2000* and the National Privacy Principles. Only de-identified information will be supplied. No identifying demographic details of either the patient or the referring doctor will be released.

Please note: Participants in the surgical skin audit will be issued with personalised surgical audit request forms within one week of QML Pathology receiving your completed surgical skin audit registration form. The audit will continue for the calendar year with a minimum requirement of 80 excisions submitted.

 **QML Pathology.**

Specialists in Private Pathology since the 1920s