# **ACCHS Test, Treat and Protect Information Table**

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| --- |
| **ACCHS Name:** |
|  |
| Street Address: | Suburb: | Postcode: | State: |
|  |  |  |  |
| ***Please describe any logistical and deployment requirements*** *e.g. delivery hours, dirt roads, no forklift, other weather impacts* |
|  |
| **Contact Person *(for Antivirals contact person MUST be clinical)*** |
| Name: | Email: | Phone: |
|  |  |  |
| Item: | Remaining Stock: | Quantity Needed: |
| Rapid Antigen Test (self-test) |  |  |
| Lagevrio (bottles) |  |  |
| Paxlovid (packets) |  |  |
| P2 / N95 Respirators |  |  |
| Gloves (specify size) |  | Size - / Quantity -  |
| Face shields |  |  |
| Gowns |  |  |
| Surgical masks |  |  |
| *Please note this ordering process is only for ACCHS that are unable to access supplies through their normal medical ordering channels.* |
| **Can you access through your normal medical ordering channels?** | Yes |[ ]  No |[ ]
| *Urgent orders are for emergency situations only (for example floods, fire, patients requiring treatment)* |
| **Is this order urgent?**  | Yes |[ ]  No |[ ]
| *If yes, please provide the reason for urgency and confirm when you can accept delivery i.e. 8am – 4pm weekdays* |
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