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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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* | | | | | | |
|  | | | | | | |