



QCPP #

# COLD CHAIN CERTIFICATION REQUEST FORM

Please tick:  Initial Test  Re-test  Additional Refrigerator/s

Under Quality Care Pharmacy Program (QCPP) it is **mandatory** to have a QCPP compliant vaccine refrigerator. A full list of compliant refrigerators is available on the QCPP website [www.qcpp.com](http://www.qcpp.com).

It is the responsibility of the pharmacy to monitor the QCPP compliant vaccine refrigerator daily to ensure it maintains a temperature range of 2°C to 8°C.

The QCPP compliant vaccine refrigerator must be certified by the Cold Chain Testing Centre not more than six months prior to an assessment.

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Each pharmacy is entitled to one **free** certification per 2 year QCPP cycle OR **\$66 (incl. GST)** per additional pharmacy refrigerator or for re testing.

	1 <sup>st</sup> Initial Test (free)	2 <sup>nd</sup> Fridge	3 <sup>rd</sup> Fridge	4 <sup>th</sup> Fridge
Make & Model				

Total: \$ \_\_\_\_\_

Credit Card Number:                 Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**EFT** BSB: 082 212 | Account No: 519 189 508 **CHEQUE** Payable to: Pharmacy Guild of Australia NSW Branch

## PLEASE RETURN THIS FORM WITH PAYMENT VIA EITHER:

### MAIL

Cold Chain Request  
The Pharmacy Guild of Australia NSW Branch  
Locked Bag 2112, ST LEONARDS NSW 1590

### FAX

02 9467 7151

### PLEASE NOTE:

**IN CASE OF A FAILED RESULT, FURTHER TESTING WILL BE NEEDED SO PLEASE ALLOW EXTRA TIME.**