

Application form - Access to HIV results

Personal details

Family Name: _____

Given Name: _____

Job title: _____

Facility: _____

Job description: _____

E-mail: _____

Tel: _____

Line Manager details

Family name: _____

Given name: _____

E-mail: _____

Tel: _____

Reason for request

Access to HIV results

Clinic/Ward details: _____

Estimated number of reports per month: _____

Please send completed form to - Professor William Rawlinson

E-mail: w.rawlinson@unsw.edu.au

Cc: NSWPATH-SEALSBusinessDevelopment@health.nsw.gov.au