

Application for Syringe Driver Pump

The Thalassaemia Society of NSW is administered by a volunteer Committee who donate their time and effort for the benefit of Thalassaemia patients in NSW. Fund raising and sponsorship is organised in order to raise funds for the research into Thalassaemia and other related blood disorders and to assist people and their families, by supplying essential equipment and offering support and information – **for example, this Syringe Driver Pump would normally cost \$2,200.**

If The Society has provided a pump to you before please take it to the CNC or NUM of your UNIT and ask could it be assessed for repair or maintenance required. CNC must complete page 2 of the application. If PUMP cannot be repaired sufficiently; please hand application form to CNC/NUM to send to the Society.

If you are not a current member of the Thalassaemia Society of NSW, please attach membership application (with \$20 membership fee) with this pump application.

Mail to: Coordinator, Thalassaemia Centre of NSW PO BOX M120 CAMPERDOWN NSW 2050 or;
Scan and email to coordinator@thalnsw.org.au and pay membership online www.thalnsw.org.au

Patient Information

Surname:		First Name:		Date of Birth:	
Address:					
Suburb:					
State:			Post Code:		
Home or Work Phone:			Mobile:		
Email:					
Name of parent/guardian (if under 18):					
Medical Condition:					
Thalassaemia Major: <input type="checkbox"/> Sickle Cell: <input type="checkbox"/> Black Fan Diamond: <input type="checkbox"/> Other: <input type="checkbox"/>					
For other , please provide more details:					
Name of attending Hospital:					

Are you a Member of a Health Fund: Yes: No:

Would you like a Peer Support Mentor to help with compliance & treatment: Yes: No:

Patient or Parent/Guardian (if under 18yrs):

Signature: _____ Date: _____

Reason for Pump

To be filled in by CNC/NUM

Is the pump for a new patient? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If for an existing patient, could you provide the reason for a new pump request?

Existing Pump Information

To be filled in by CNC/NUM

Could the pump be repaired? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Was pump sent to maintenance? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Serial No: _____ Model: _____
Fault: _____
Repair description: _____
Outcome: _____
Has a loan pump been provided? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Request: Upon dispatching of new pump; Loan and faulty pumps must be returned to the Society.

CNC/NUM Name: _____

CNC/NUM Signature: _____ Date: _____

Doctor Name: _____

Doctor Signature: _____ Date: _____

Office use only: Authorised by: Date: Date Dispatched:
