

APPLICATION FOR TEMPORARY i-STAT EMERGENCY OPERATOR ID

Reference: [Remote Health Branch ATLAS – iSTAT1 Analysers](#)

INSTRUCTIONS	<p>This application is to apply for a Temporary i-STAT Operator ID, which allows use of the Abbott i-STAT Point of Care Testing device by the nominated staff member in EMERGENCY SITUATIONS ONLY.</p> <ul style="list-style-type: none"> • New staff member requires Temporary i-STAT Operator ID • Complete Application Form on commencement at Health Centre • Submit form to PHCM for approval • Fax / email form to Flinders CPS Unit (fax # below); <i>Flinders CPS Unit will then issue the notice of Temporary ID and i-STAT Operator Instructions to PHCM and staff member within 24 hours</i> • Applicant must read and understand i-STAT Operator Instructions prior to using the i-STAT • If Operator ID is required urgently contact PPN (CA 8951 6946 / TE 8922 8546) • Contact PPN (CA 8951 6946 / TE 8922 8546) to arrange i-STAT training • Complete i-STAT training within 2 weeks of date of issue of Temporary ID <p>Note: Temporary ID will expire 2 weeks from date of issue</p>															
APPLICANT	<p>Name: <input style="width: 100%;" type="text"/></p> <p>Current Work Unit/Location: <input style="width: 100%;" type="text"/></p> <p>Work Phone: <input style="width: 40%;" type="text"/> Mobile Phone: <input style="width: 40%;" type="text"/></p> <p>Email: <input style="width: 100%;" type="text"/></p> <p>Employment Details: <input type="checkbox"/> DoH Contract <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other (specify): <input style="width: 150px;" type="text"/></p> <p style="margin-left: 100px;"><input type="checkbox"/> DoH Casual <input type="checkbox"/> RAHC</p> <p style="margin-left: 100px;"><input type="checkbox"/> NAHRLS</p> <p>What is your role? <input type="checkbox"/> Aboriginal Health Worker <input type="checkbox"/> Other (specify): <input style="width: 150px;" type="text"/></p> <p style="margin-left: 100px;"><input type="checkbox"/> Nurse</p> <p style="margin-left: 100px;"><input type="checkbox"/> Medical Officer</p> <p>APPLICANT DECLARATION</p> <p>I understand: - my Temporary Operator ID and will expire 2 weeks from the date of issue - this Temporary Operator ID is assigned to me is for my use alone - I will be able to use the i-STAT for emergency situations only - I will be required to undertake i-STAT training during the next 2 weeks</p> <p>Signature: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/></p>															
SUPERVISOR	<p>AUTHORISATION BY SUPERVISOR</p> <p>I authorise the applicant to be allocated a Temporary i-STAT emergency Operator ID</p> <p>Signature: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/></p> <p>Name: <input style="width: 150px;" type="text"/> Work Unit: <input style="width: 150px;" type="text"/></p> <p>Designation: <input style="width: 150px;" type="text"/> Phone: <input style="width: 100px;" type="text"/></p>															
<p>FAX / EMAIL COMPLETED FORM TO FLINDERS CPS UNIT</p> <p>Email: i-stat@flinders.edu.au or Fax: 08 8201 7666</p>																
FLINDERS CPS UNIT	<p>NOTICE OF TEMPORARY ID</p> <p>The following Temporary i-STAT Emergency Operator ID has been allocated. This Operator ID is for your personal use only and should not be shared with other staff.</p> <p>ID #: <input style="width: 150px;" type="text"/> Assigned to: <input style="width: 150px;" type="text"/></p> <p>Note: to insert 'A', press (ABC) on the i-STAT keypad</p> <p>Signature: <input style="width: 150px;" type="text"/></p> <p>Name: <input style="width: 150px;" type="text"/></p> <p>Designation: <input style="width: 150px;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Notified:</td> <td>Via:</td> <td>Date:</td> </tr> <tr> <td><input type="checkbox"/> Applicant</td> <td><input type="checkbox"/> email</td> <td><input style="width: 80px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> PHCM</td> <td><input type="checkbox"/> fax</td> <td><input style="width: 80px;" type="text"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> email</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> fax</td> <td></td> </tr> </table>	Notified:	Via:	Date:	<input type="checkbox"/> Applicant	<input type="checkbox"/> email	<input style="width: 80px;" type="text"/>	<input type="checkbox"/> PHCM	<input type="checkbox"/> fax	<input style="width: 80px;" type="text"/>		<input type="checkbox"/> email			<input type="checkbox"/> fax	
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