# Chemotherapy Compounder ID Allocation Form

Completion of this form is necessary for the allocation of a Compounder ID, which will be required for completion of Pharmaceutical Benefits Scheme (PBS) Efficient Funding of Chemotherapy (EFC) claims.

**Please complete a separate form for each site where your organisation prepares chemotherapy infusions.**

|  |  |
| --- | --- |
| Organisation Name |  |
| Postal Address |  |
| Site Name (where organisation prepares chemotherapy infusions) |  |
| ABN |  |
| Street Address (where organisation prepares chemotherapy infusions) |  |
| Contact Name |  |
| Position |  |
| Telephone |  |
| E-mail |  |

## TGA LICENCe STATUS

Does the organisation named on this form hold a manufacturing licence from the Therapeutic Goods Administration (TGA) to compound manufacture cytotoxic (chemotherapy) medicines at the nominated site?

☐ Yes ☐ No

| TGA Licence Number |  |
| --- | --- |

**Please complete the banking details below if you have confirmed you are TGA licensed above.**

## DECLARATION

☐ I confirm that the organisation named above:

* prepares chemotherapy infusions in accordance with the preparation/handling instructions contained in the Product Information as part of the Australian Register of Therapeutic Goods (ARTG) approval for that drug; and
* prepares chemotherapy infusions that will be supplied to Eligible Patients under the definition set out in Section 3 of the *National Health (Efficient Funding of Chemotherapy) Special Arrangement 2011*.

☐ I confirm that I am an authorised representative of the organisation named on this form and that all details are true and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Signature |  | Date |  |

## DISCLAIMER

The allocation of a compounder ID does not constitute an authorisation for your organisation to undertake chemotherapy compounding activities. Other laws may need to be complied with to provide such authorisation.

## PRIVACY AND YOUR PERSONAL INFORMATION

Your personal information is protected by law, including the *Privacy Act 1988*,and is being collected by the Chemotherapy Compounding Payment Scheme (CCPS) Administration Agency (the Agency), currently Australian Healthcare Associates (AHA), so that the Agency has an appropriate contact for communications with your organisation regarding PBS EFC claims for chemotherapy compounding.

You can obtain more information about the ways in which the Agency and the Department of Health will manage your personal information on the [Department’s website](http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy_security.htm). Applicable privacy policies are available on the [Agency’s website](http://www.ccpsagency.com.au/CCPSPrivacyPolicy.pdf) and the [Privacy Policy](http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy) page of the Department’s website.

## FORM LODGEMENT AND QUESTIONS

Once complete please return this form via either e-mail or post to the CCPS Administration Agency.

**E-mail:** [contact@ccpsagency.com.au](mailto:contact@ccpsagency.com.au)

**Post:** Locked Bag 32005, COLLINS STREET EAST VIC 8003

Questions should be directed to the CCPS Administration Agency via e-mail (address above) or via telephone 1300 196 754.

## BANK DETAILS

To be completed by organisations holding a TGA manufacturer licence for chemotherapy compounding

Please provide details of the bank account into which CCPS payments should be made.

|  |  |
| --- | --- |
| BSB |  |
| Account Number |  |
| Account Name |  |