



## Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy

# COLD CHAIN CERTIFICATION - REQUEST FORM RE-TESTING or ADDITIONAL PHARMACY REFRIGERATORS

Under Quality Care Pharmacy Program (QCPP) standards, it is mandatory to have a QCPP compliant vaccine refrigerator. A full list of compliant refrigerators is available on the QCPP website in the cold chain page under resources [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. **Note:** please allow at least 3 months before accreditation date for testing to be completed

### Cold Chain Certification

Each pharmacy is entitled to 1 free certification per two year QCPP cycle. The cost is \$66 per fridge (including GST) for re-testing or additional pharmacy refrigerators.

Pharmacy Name:		
QCPP ID (if known):		
Pharmacy Address:		
City/Town:	State:	Postcode:
Phone Number:	Fax Number:	
Contact Person		
Email:		
Make/model of refrigerator to be tested	(1):	(2):

The Cold Chain Centre is pleased to notify any manufacturer when one of their refrigerators fails the cold chain test. This is done with a view to improve QCPP compliance level and customer support. Please indicate by (x) in the box below if you DO NOT wish this service to be provided.

I DO NOT want the Cold Chain Centre to notify the manufacturer if this pharmacy's refrigerator has failed a cold chain test.

### Payment Options

**EFT DETAILS:** BSB: 082 212 Account No: 519 189 508

Please email confirmation when using this facility to [accounts.receivable@nsw.guild.org.au](mailto:accounts.receivable@nsw.guild.org.au)

#### CREDIT CARD DETAILS

Please charge my credit card: \$ \_\_\_\_\_  MasterCard  Visa  Amex (a 1.5% surcharge fee applies to Amex)

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Card Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**CHEQUE:** Enclosed is my cheque to the Pharmacy Guild of Australia (NSW Branch) for \$ \_\_\_\_\_

Email this form to:

[terry.cheung@nsw.guild.org.au](mailto:terry.cheung@nsw.guild.org.au)

Fax this form to:

02 9467 7151

Or send by mail to:

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

Cold Chain Testing Phone number:

02 9467 7140