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| **Customer Details** |  |
| Account Name | Click or tap here to enter text. |
| Account address | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Contact name (person requesting/ organising training) | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

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| It is important that the trainer can see each of the trainees throughout the session, so video capability must be enabled |
| Preferred online video conference platform | Webex [ ]   Skype [ ]  Microsoft teams [ ]  |

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| **Number of people to be trained?** | Click or tap here to enter text. |
| **Training Details** |  Please tick all that apply |
| Type of training | New user[ ]  Cascade [ ]  Refresher [ ]   |
| Name of Instrument to be trained on (**please be specific)** | Alere Afinion AS100 [ ]  Abbott Afinion 2 [ ]  I D Now [ ]  Cholestech LDX [ ]  |
| Name of products / assays (**please choose all that apply**) | (Afinion) HbA1c [ ]   CRP [ ]   Lipids [ ]   ACR [ ]  (ID Now) Flu A &B [ ]   RSV [ ]   Strep A [ ]  (Cholestech LDX)  TC/HDL [ ]   TC/HDL/GLU [ ]  HIV [ ]  HCG easy [ ] HCG cassette [ ]  HCG Surestep [ ] Prom [ ] Partus [ ] Panbio Covid 19 Antigen test [ ] Other Click or tap here to enter text.  |
| Abbott analyser available for training (if applicable)In all cases – All Consumables purchased (including lancets, capillary tubes etc as required for test and available for training) | Yes [ ]  No [ ] Yes [ ]  No [ ]  *If not, please contact your Key Account Manager to ensure all consumables have been ordered prior to the training session* |

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| **Training Location - risk assessment** |
| Personal Protective Equipment (PPE) – please tick if available |  Gloves [ ]   |
| Clinical waste requirements | Clinical waste bag [ ]  Sharps bin [ ]  |
| Hand washing facilities in immediate vicinity |  Yes [ ]  No [ ]  |
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| So that we can send some pre training session information, as well as the calendar invite,please supply the following |
| **Name of trainee** | **Email address** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Preferred day of the week and time for training** |
| Proposed training date (1) | Click or tap to enter a date.  |
| Proposed training date (2) | Click or tap to enter a date. |
| Proposed training date (3) | Click or tap to enter a date. |
| Preferred time | Click or tap here to enter text. |
| Agreed training date (to be confirmed by trainer) |  |

Other supporting information:

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| Click or tap here to enter text. |

Please return completed form to Lynn.rennison@abbott.com