|  |  |
| --- | --- |
| **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:

|  |
| --- |
| Click or tap here to enter text. |

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