



Victorian Pharmaceutical Reserve

Self-Assessment Form

Purpose

This form is to be completed after health services order stock from the Department of Health and Human Services (the department) COVID-19 Pharmaceutical Reserve. Stock from the Reserve should be ordered directly from wholesalers using the reserve stock item codes provided on the [online dashboard](#).

Please email this completed form through to COVID-19Pharmacy@dhhs.vic.gov.au by COB the next business day after placing an order for stock from the pharmaceutical reserve.

Name of health service	
Request Date	
Product requested (name, strength and form) <i>e.g. cisatracureum 10mg/5ml injection</i>	
Quantity requested (please specify pack size) – <i>e.g. 30 packs of 5</i>	
Is your current supply of this item across all storage areas insufficient to maintain patient care until expected delivery of backordered stock?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a backorder notification from this product been received from all wholesalers and have you confirmed with the product sponsor that stock is not available at wholesalers to meet immediate demand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximate stock on hand at health service at request date and time, including stock in pharmacy, on wards (including ICU) and in theatre.	
Current usage at hospital in the last week (please specify pack size) – <i>e.g. 15 packs of 5 were used in the last week</i>	
Is the quantity requested greater than regular historical ordering patterns? If yes, please provide reason for order quantity.	
Requester name and role	
Approved by Director of Pharmacy. Director of Pharmacy to confirm that health service executive has been briefed about shortage of critical item and that stock will be used for public patients only. (sign and date)	