

**VicTAG** **Quality Use of Medicines Group
Collated hospital responses**

**Title:**

**Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, position, health service*(Replace with hospital codes when uploading to website)*** | **Question 1:**  | **Question 2:** | **Question 3:** | **Question 4:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |