

GP Dermoscopy Study Registration

To register for the study:

Post this completed form to "NZ Dermoscopy Study" P.O.Box 382 Blenheim 7201

Fax 03 578 4632.

Or email this word file to mark@elanzclinic.co.nz

Your details

Name Last: Name First:

Vocationally Registered as a GP Yes Other:

Work postal address:

NZMC number:

Email address:

PMS and Lab details

HealthLink EDI address _____

PMS: Medtech32 Houston Profile MedCen Other

Previous experience or use of dermoscopy?

Do you currently use dermoscopy routinely as part of your normal skin assessment? No Yes

Do you currently feel confident assessing skin lesions? No Yes

Do you perform minor surgery for skin cancers? No Yes

So what happens now ?

You will be sent a registration pack with the study protocol, if using Medtech an "advanced form" and consent form. Once we receive your consent form we will be in touch to ensure the advanced form is installed and you have no concerns or questions.

Regards

Mark