

Expression of Interest

If you are interested in implementing the iCOPE health screen at your hospital or clinic, please fill out the following form.

Please return this form to:

Email: info@cope.org.au

or by mail:

PO Box 122, Flemington, Victoria 3031

Contact Person

Name:

Phone:

Email:

Mobile:

Nature of service: (tick all that apply)

Private Obstetric Clinic

Maternal and Child Health Centre

Public Obstetric Clinic/maternity hospital

IVF provider - private

General Practice

IVF provider - public

Parenting Centre

Allied health provider (eg. Psychologist)

Your Organisation Details

Organisation Name:

Organisation Address:

How many pregnant/birthing mothers does your hospital or clinic service/attend to **annually**?

If the iCOPE health screen was implemented at your hospital or clinic, approximately how many screens would you be conducting **per month**?

What is the estimated date that your hospital or clinic could commence implementation of the iCOPE health screen? dd mm yy
/ /

Who is your current telco provider (e.g. Optus, Telstra etc.)?

Do you currently have iPads that you would wish to use for perinatal screening? Yes No

Do you have any software programs that you use to store client data/reports? (e.g. Birthing Outcome System (BOS), Genie, Medical Director)

Yes No

If yes please specify:

