

Qualification for Supply of COVID-19 Tests

Team Medical Supplies



Qualification for Supply of Point of Care COVID-19 Ag Tests and Supply Terms and Conditions

The Therapeutic Goods Administration (TGA) has restricted the supply of point of care COVID-19 Antigen IVDs (<https://www.tga.gov.au/applying-tga-assessment-covid-19-test-inclusion-artg>).

This form is to confirm your entity can satisfy the TGA conditions and agree to Team Medical Supplies' COVID-19 Testing Product Supply Terms and Conditions outlined in section 6 of this document.

Please complete the relevant sections below and return the signed and completed form via email to covid@teammed.com.au.

SECTION 1: CUSTOMER NAME

Official Company, Business or Government Department Name:

SECTION 2: CUSTOMER TYPE

2.A Select the customer type the COVID-19 Testing products will be supplied to. Then follow the instructions outlined below for that customer type.

- ☐ A medical practitioner, or an organisation, business or institution that employs or engages a medical practitioner, registered to practice under a law of a state or territory, where the practitioner is responsible for performing or supervising the performance of the test.
> **Please complete sections 3 and 6, then sign the form.**
- ☐ A residential care or aged care facility that employs or engages a person who, under a law of a State or Internal Territory, is registered or licensed to practice in any of the health professions outlined in 2.B, and this person is responsible for performing or supervising the performance of the test.
> **Please complete question 2b, then complete sections 4 and 6, then sign the form.**
- ☐ An organisation, business or institution that does not have the primary function of providing healthcare services but employs or engages a person who, under a law of a State or Internal Territory, is registered or licensed to practice in any of the health professions outlined in 2.B, and this person is responsible for performing or supervising the performance of the test.
> **Please complete question 2b, then complete section 6, then sign the form.**
- ☐ A department of the Commonwealth, State or Territory, with responsibility for health.
> **Please complete section 6, then sign the form.**
- ☐ A department or other agency of the Commonwealth, State or Territory acting on the behalf of a department of the Commonwealth, State or Territory, with responsibility for health.
> **Please complete sections 5 and 6, then sign the form.**

2.B Health Profession - Select a box based on your answer to question 2a.

- | | |
|---|---|
| <input type="checkbox"/> Dental
(not including the professions of Dental Therapist, Dental Hygienist, Dental Prosthetist or Oral Health Therapist) | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Indigenous Health | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Medical Radiation Practice | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Other – Please advise: |
| <input type="checkbox"/> Occupational Therapy | <input type="text"/> |

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SECTION 3: MEDICAL PRACTITIONER DETAILS

Full Name:	
AHPRA registration number:	

SECTION 4: TYPE OF FACILITY

- ☐ Aged care facility
- ☐ Residential facility (i.e. disability and/or rehabilitation facility)
- ☐ Both aged care and residential facility

SECTION 5: ACCEPTABLE AGENCY OF DEPARTMENT OF HEALTH

- ☐ We are included in the list of Australian government departments and agencies and have been appointed/contracted to acquire COVID-19 test kits on behalf of a Commonwealth, State or Territory Department of Health.

SECTION 6: COVID-19 TESTING PRODUCT SUPPLY TERMS AND CONDITIONS

These terms and conditions apply to all COVID-19 Testing Products supplied by Team Medical Supplies Pty Ltd. By requesting a quotation or placing an order with Team Medical Supplies for the COVID-19 Testing Products, the Customer agrees to be bound by these terms and conditions. These terms and conditions apply in addition to Team's Standard Terms and Conditions of Supply available at <https://www.teammed.com.au/terms-and-conditions>. These additional terms and conditions shall prevail to the extent of any inconsistency with Team's Standard Terms and Conditions of Supply.

6.1 Definitions

In these terms and conditions:

COVID-19 Products, COVID-19 Testing Products, COVID-19 test kits, COVID-19 Ag Tests or COVID-19 Tests Means:

TMS SKU	Description
ALE41FK10	PANBIO COVID-19 AG TEST NASOPHARYNGEAL
ALE41FK11	PANBIO COVID-19 AG TEST NASAL
RDS9365397043	SARS-COV-2 COVID-19 AG TEST NASAL

Team or TMS means: Team Medical Supplies

Customer means: Official Company, Business or Government Department purchasing/procuring the COVID-19 Testing Products

6.2 COVID-19 Testing Product Supplies

Notwithstanding any agreed delivery dates, Team Medical Supplies will retain the right, in its sole discretion, to deliver the COVID-19 Testing Products as and when they become available, and/or make partial delivery of the COVID-19 Testing Products. In the event of a delay or inability of Team Medical Supplies to supply the COVID-19 Testing Products, Customer will not apply or impose any penalties, nor will Team Medical Supplies be liable for any costs or liabilities associated with any delay or failure to supply the COVID-19 Testing Products. Team Medical Supplies reserves the right to discontinue or withdraw any or all of the COVID-19 Testing Products, for any reason, at its sole discretion without liability to the Customer by giving the Customer a reasonable notice. The Customer shall not be entitled to any compensation or other remedy due to any such withdrawal. Such withdrawal shall not relieve the Customer of any obligation to pay for any withdrawn Products already ordered by the Customer prior to such withdrawal.

6.3 Supply Conditions and Restrictions

The Customer acknowledges that the supply and use of COVID-19 test products, including certain COVID-19 Products are subject to certain conditions and restrictions imposed by the Therapeutic Goods Administration ("TGA") and applicable laws. The Customer shall at all times comply in full with such conditions and restrictions and all applicable laws in all of its activities in relation to the COVID-19 Products. Without limiting the foregoing, the Customer acknowledges that, pursuant to current conditions imposed by the TGA, the COVID-19 Products may only be supplied to the persons, entities or organisations set out in section 2 above.

These conditions (including further clarification relating to the specific conditions set out in section 2 above) are set out on the TGA website at: <https://www.tga.gov.au/applying-tga-assessment-covid-19-test-inclusion-artg>. The Customer acknowledges and agrees that it has read and understood these conditions as stated on the TGA website and agrees that while these conditions remain in place, it shall ensure that any COVID-19 Products it obtains from Team Medical Supplies are only supplied to the persons or entities listed above. The Customer shall take all steps reasonably required by Team Medical Supplies to demonstrate its compliance with this clause.

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SECTION 6: COVID-19 TESTING PRODUCT SUPPLY TERMS AND CONDITIONS (CONTINUED)

6.4 Confidentiality

The Customer acknowledges and agrees that these additional terms and conditions, and any other information, document, data and materials concerning Team Medical Supplies and the COVID-19 Testing Products (including but not limited to pricing information) disclosed to Customer, by or on behalf of Team Medical Supplies, in writing, orally, visually (other than information in the public domain), are confidential information of Team Medical Supplies, and may not be disclosed to a third party by Customer, except as required by applicable law, in the opinion of Customer's counsel.

☐ **As an authorised representative of the Customer I agree to Team Medical Supplies COVID-19 Product Supply Terms and Conditions.**

Signed by an authorised representative of the Customer:

Signature:		Title:	
Printed Name:		Date:	

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