



Australian Government

**Department of Health
and Aged Care**

Stoma Appliance Scheme Deodorant and Absorption Gelling Sachet Authorisation Form

Product information

Deodorant and absorption gelling sachets are thickening agents to manage high liquid output.

Criteria for use

The applicant must have high liquid output and must be assessed by an authorised health professional to confirm that the use of deodorant and absorption gelling sachets are appropriate.

An authorised health professional can be a stomal therapy nurse, nurse practitioner, registered nurse, or registered medical practitioner.

The deodorant and absorption gelling sachets must be ordered within 2 months of the authorisation date.

Restrictions for use

The product is subject to a R1 restriction requiring health professional authorisation.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles. Your personal information is being collected by your stoma association for the purpose of issuing deodorant and absorption gelling sachets as recommended by your authorised health professional. This information may be disclosed to the Australian Council of Stoma Associations Inc (ACSA) to support administration of the Stoma Appliance Scheme (SAS).

You can contact your stoma association or ACSA to get more information about the way in which they will manage your personal information.

Additional Supplies

If you require additional products for clinical or other reasons you will need to apply for additional supplies. Contact your stoma association for the appropriate form to apply for additional supplies.



Australian Government

Department of Health
and Aged Care

Stoma Appliance Scheme Deodorant and Absorption Gelling Sachet Authorisation Form

Applicant details

Dr ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other ☐

Family name

First given name

Second given name (if applicable)

Date of birth

Address

Email

Applicant Consent and Declaration

- I am the applicant or authorised representative of the applicant.
- I consent to the collection of my personal information, including sensitive information, by my stoma association and the Australian Council of Stoma Associations Inc for the purposes indicated in this form.

Applicant or authorised person signature

Date

Declaration of eligibility by authorised health professional

To be completed by an authorised health professional.

Health professional details

Family name

Given name

Professional title

Email/ phone number

- I authorise the applicant to order the deodorant and absorption gelling sachet from their stoma association.
- I declare that the information I have provided in this form is complete and correct, and I understand that giving false or misleading information is a serious offence.

Authorised health professional signature

Date

Submitting the authorisation form

Once completed the authorisation form must be submitted to the applicant's nominated stoma association.