

**Notice of Inability to Undertake VICNISS Surveillance Activities**

Hospital Name / Hospital Code	
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**Unable to undertake surveillance for:**

Year	
Quarter / Data Period	
Surveillance Module (inc. procedure for SSI)	

**Reason/s why surveillance unable to be undertaken:**

**Signed:**

Infection Control Coordinator	
Executive Sponsor	

**Please fax or send form to the VICNISS Coordinating Centre 9342 2633**

This form will be copied to the Quality and Safety Programs Unit of the Statewide Quality Branch, DHS Victoria with the VICNISS Quarterly Report.