

# Fax

To: VICNISS Coordinating Centre	From:
Fax: 03 9342 2633	Hospital Code:
Phone: 03 9342 2605	No. of pages: (includes cover page)
Re: Type 1 Data Collection	Date:

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**Please find attached completed data for:**

**Month(s):** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- ICU Denominator       ICU Numerator  
 NNL Denominator       NNL Numerator  
 SSI → Procedure Group \_\_\_\_\_

*Please use separate fax cover pages for different procedure groups*

*Please complete table below:*

Office use only	UR	Procedure Date
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Office use only	UR	Procedure Date
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*\* Please complete second fax cover page if more procedures*