

South Australian Anaesthetic Mortality Committee (SAAMC)



Agreement to Participate

I am a practising anaesthetist and wish to confirm my willingness to participate in the SA Audit of Surgical Mortality and subject my cases for peer review.

I agree to participate I do not agree to participate I have retired from clinical practice

If you agreed to participate:

1. I work at the following hospitals:

2. Please provide your preferred address for delivery of forms:

Signature: _____

Date: _____

Name: _____

Position: _____

Email: _____

Please return completed form to: saasm@surgeons.org or SAASM, 199 Ward Street, NORTH ADELAIDE 5006