



C O U N T I E S
M A N U K A U
H E A L T H

and
Primary Care Partners

**Management of Pathway of Care
for
MENORRHAGIA
(Heavy Menstrual Bleeding)**

Information Package
July 2014

INTRODUCTION

Menorrhagia is defined as: An abnormally heavy and prolonged menstrual period at regular intervals. It can be caused by abnormal blood clotting, disruption of normal hormonal regulation of periods or disorders of the endometrial lining of the uterus. Depending upon the cause, it may be associated with abnormally painful periods (dysmenorrhea)

Counties Manukau Health and Primary Care representatives have collaborated to design a new pathway of care for the **non surgical treatment** of menorrhagia which will see a seamless end-to-end service provided for women, largely through primary care. This will mean a transition of some services from secondary to primary care and marks the beginning of a new model of care for many women within Counties Manukau who require assessment and management of a range of gynaecological problems.

This information pack is presented as Part A - Clinical detail and Part B - Administrative detail - for implementation of the new model of care.

CONTACT DETAILS

For Credentialed GPs : 0800-1700 Monday to Friday:

Direct contact with secondary care consultants for credentialed GPs will be available through the On-Call Gynaecology Senior Medical Officer (SMO) via switchboard on **09 276 0000**. Written advice is also available via the virtual clinic run by Dr Simon Edmonds and Dr Katherine Sowden on usual fax number at the centre for referrals **09 277 1627**.

For Trainers: (Availability until end of December 2014)

Dr. Simon Edmonds, Clinical Head Gynaecology and Clinical Sponsor of Pathway will be available on **09 276 0044, Internal phone *3105** each THURSDAY until 30 September 2014, except the following date: 25th September. Cover is able to be provided for three of these days by:

Dr Katherine Sowden who will be available 25th September on **09 276 0044, Internal phone *3267**

Training Video

Endometrial Biopsy Full Details Procedures Consults is available on Healthpoint.

To Arrange Training in Clinic – E-MAIL PLEASE

Donna Hill, Senior Gynaecology Nurse – email donna.hill@middlemore.co.nz

Susan Hunter, Co-Lead Colposcopy Nurse - email susan.hunter@middlemore.co.nz or;

GP Liaison

Jennifer Njenga, General Practitioner, 021 243 6631 or email jennifer.njenga@middlemore.co.nz

For Administrative Queries

Pauline Hanna, Executive Project Director, 021 365 355 or email pauline.hanna@middlemore.co.nz.

Adrienne Laing, Service Manager Gynaecology, 021 573 587 or email adrienne.laing@middlemore.co.nz

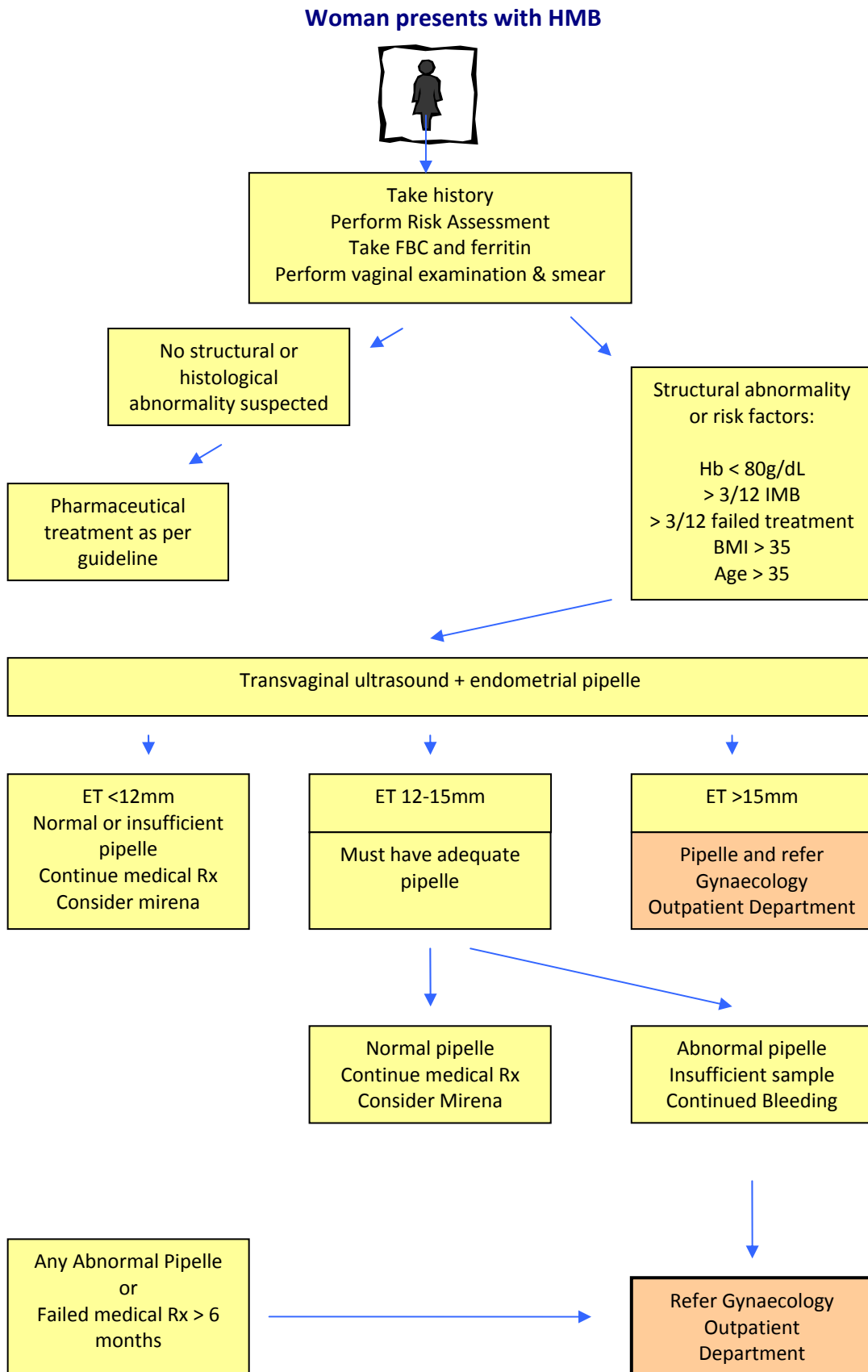
PART A

Clinical Information

- **Diagrammatic view and Description: Care Pathway for Menorrhagia: Heavy Menstrual Bleeding (HMB)**
- **Endometrial Sampling:**
 - **Credentialing for Trainers**
 - **Credentialing for General Practitioners**
 - **Background Information**
 - **Taking an Endometrial Pipelle**
 - **Guidelines/Protocols**

Figure 1:

CARE PATHWAY FOR HEAVY MENSTRUAL BLEEDING



The Pathway of Care

The model of care incorporates a credentialing module for General Practitioners (GPs) to **diagnose and provide non surgical treatment and management** for patients presenting in primary care with symptoms of menorrhagia.

This is an extension to the scope of practice for primary care.

Training, credentialing and over-sight to maintain **quality** of service delivery and care will be provided by secondary care Gynaecologists in partnership with primary care.

The intent of the new model is that as many GPs as possible will be credentialed so a patient can be treated and managed by her “regular” GP.

The credentialed GP will potentially perform an **endometrial pipelle biopsy** and refer the patient for a **trans-vaginal ultrasound** through a local radiology provider for convenience of the patient.

On receipt of the results the credentialed GP will be able to explain the diagnosis to the patient and where appropriate provide non surgical treatment under protocol.

The preferred option for non surgical treatment of menorrhagia under this pathway is Mirena® levonorgestrel-releasing intrauterine system. The Mirena® is a subsidised item through the *Pharmac* Pharmaceutical Schedule.

Endometrial Sampling

❖ Credentialing for Trainers

To expand the training function, it has been agreed to train a small number of GPs as Trainers under the supervision of Dr Simon Edmonds. A GP wishing to become a Trainer will be required to demonstrate his/her competence of endometrial sampling by submitting **one written patient management plan** to Dr Simon Edmonds for assessment. Alternatively, you can contact Dr Edmonds and **discuss your case study**.

1.1. Aim

1.1.1. For potential GP Trainers to have the required knowledge, skills and understanding of endometrial sampling to train colleagues.

1.1.2. This will enable the Secondary Gynaecology service to supplement the training and support for introduction of the new model of care.

1.2. Knowledge requirements

- ❖ Full understanding and interpretation of the Guidelines and Protocols for the management of heavy menstrual bleeding (HMB) and inter-menstrual bleeding (IMB) and postmenopausal bleeding (PMB) in primary care

- ❖ Full understanding of the education requirements for GPs to extend their scope of practice to safely and effectively perform endometrial sampling using a pipelle device in appropriately counselled women.

Dr Edmonds will be available on Thursdays during the dates given on Page 2 to work through these management plans with candidates, discuss any issues or areas where further education is required and credential those who wish to be Trainers.

Dr Jennifer Njenga will be responsible for keeping a register of Practitioners trained in the technique and trained as Trainers. Dr Njenga will arrange clinical audit for these Practitioners with Dr Edmonds on a quarterly basis.

❖ **Credentialing for General Practitioners**

2.1. Aims

2.1.1. For General Practitioners to safely and effectively perform endometrial sampling using a pipelle device in appropriately counselled women.

2.1.2. This will allow more detailed investigation of abnormal vaginal bleeding in the community, providing a more timely diagnosis of any abnormality, and allowing some treatment plans to be instigated without referral to secondary care.

2.2. Knowledge requirements

- ❖ Aetiology of abnormal vaginal bleeding
- ❖ Use of Guidelines for the management of heavy menstrual bleeding (HMB) and intermenstrual bleeding (IMB) and postmenopausal bleeding (PMB) in primary care
- ❖ Indications and contra-indications for pipelle sampling
- ❖ Perform an appropriate history and vaginal examination
- ❖ Use of the sampling device and potential risks/inadequacies of sampling
- ❖ Management of normal and abnormal histological findings

2.3. Aetiology of abnormal vaginal bleeding

- ❖ The majority of cases are due to dysfunctional uterine bleeding and are hormonal in origin
- ❖ Any structural abnormality in the genital tract
 - o Endometrial polyps
 - o Fibroids
 - o Endo-cervical polyps
 - o Cervical eversion/erosion
 - o Atrophic vaginitis
 - o Infection with STI
 - o Endometrial hyperplasia
 - o Any malignancy of the genital tract - endometrial/cervical/vaginal/vulval
- ❖ Bleeding disorders, anticoagulants and other rarer causes

The assessment form will be completed at the end of the clinic, with feedback to the GP. *The form is attached as Appendix 1*

It is anticipated that a 'sign off' will be possible when the SMO is confident that the GP is not only able to safely perform the pipelle biopsy, **but also that they understand the importance of selection of the most appropriate patients and how to deal with the results of the sampling**, as above.

This is a Royal New Zealand College of General Practitioners (RNZGP) endorsed activity and attracts Continuing Medical Education (CME) points.

Endometrial Sampling: Information

3.1. Indications for pipelle biopsy

Heavy Menstrual Bleeding - [cf guideline A below](#) (Section 5.0 Guidelines/Protocols)

- ❖ Failed medical treatment of menorrhagia after 3 months
- ❖ If the ET > 12mm on TV U/S
- ❖ If there are significant risk factors such as obesity, BMI > 35
- ❖ Inter-menstrual Bleeding - [cf guideline A below](#)

Endometrial cells on cervical smears, with abnormal symptoms

3.2. Absolute Contra-indications for pipelle biopsy

Pregnancy
Endometriosis or acute PID

3.3. Relative contra-indications for pipelle biopsy

- ❖ Coagulation disorders or anti-coagulant therapy
- ❖ Synthetic Heart valves or heart murmurs/valve disease– cover procedure with a dose of antibiotics 2 hours beforehand
- ❖ Previous LLETZ or Cone Biopsy can stenose the cervical canal and make insertion difficult

Taking a Pipelle

4.1. Pre Procedure

- ❖ Check indications and refer to guidelines
- ❖ Obtain informed consent – may be uncomfortable or cause infection
- ❖ Consider oral NSAIDs 1-2 hours beforehand

4.2. Procedure

- ❖ Perform vaginal examination to assess cervix position, whether uterus anteverted or retroverted and whether enlarged. Compare with ultrasound report if available (U/S is not always required if vaginal examination confirms a uterus < 12 weeks size)
- ❖ Insert a Cuscoes speculum to visualise the cervix
- ❖ Apply a single tooth tenaculum (less pain than the crushing type) to the anterior lip of the cervix
- ❖ You do not need to clean the cervix or give prophylactic antibiotics (unless synthetic heart valve etc)

- ❖ Gently insert pipelle into external cervical os and push slowly. Some resistance may occur but do not force the device. If acutely positioned uterus, consciously aim the pipelle anteriorly or posteriorly
- ❖ Once fundus reached, note length, then withdraw whole device 1/2cm. The average length of the cervix + uterus is approx 7-8 cm
- ❖ Try to avoid touching the fundus again as this causes discomfort.
- ❖ Withdraw central piston completely to achieve a vacuum then rotate the device whilst moving back and forth / up and down the cavity, approximately 3 to 5 times. Sample should be seen in the chamber of the device.
- ❖ If the suction is lost, by pulling too far out of the cervix, deposit the sample obtained into a formalin pot and re-insert. Take care not to dip the pipelle into the formalin. If this occurs, wash the device in normal saline or use a new device
- ❖ Send the labelled pot and form to histology

4.3. Post procedure

- ❖ Expect some cramps and discomfort
- ❖ May cause spotting/bleeding, so suggest a panty liner for 24 hours
- ❖ If persistent pain/offensive discharge after 24-48 hours, consider HVS and antibiotics such as oral augmentin.

4.4. Management of Results

- ❖ Depends on indications for pipelle
- ❖ Be aware of limitations of sampling
- ❖ Advice can be obtained from a gynaecology SMO by writing to the virtual clinic on the usual fax number at RAC for referrals 09 277 1627

For Credentialing Assessment Form (For Endometrial Pipelle) – please see Appendix 1.

Guidelines/Protocols

These guidelines are also available via Healthpoint, under Womens Health.

Available also on Healthpoint is a video entitled, *Endometrial Biopsy Full Details Procedures Consults*

Guideline A: Heavy Menstrual Bleeding (HMB) [includes inter-menstrual bleeding (IMB)]

a) Primary Care Management of HMB (Including Acute Management)

- ❖ Take a menstrual history including the presence of inter-menstrual bleeding (IMB) or post-coital (PCB). (For PCB see guideline M).
- ❖ Perform a speculum and pelvic examination and record findings. Take a cervical smear [as per cervical screening guidelines (CSG)] and consider swabs for sexually transmitted infections (STI swabs).
- ❖ Request a full blood count (FBC) and serum ferritin and if anaemic:
 - Prescribe oral iron (325mg elemental iron per day)
 - See acute management for HMB below
 - See referral criteria to GOP (guideline Ac).

- ❖ Consider thyroid function tests (TFT) if also symptoms of hypothyroidism.
- ❖ Screen for Von Willebrand's disease if suspicious features in the history.
- ❖ Consider a pelvic USS: see guideline Ab.
 - If the endometrial thickness (ET) \geq 12mm perform an endometrial pipelle sample; refer to GOP if unavailable, or pathology found.
- ❖ See GOP referral indications (guideline Ac).
- ❖ Trial 3 months of medical management (unless contraindicated); options listed below. (Options i and ii are the drugs of choice if trying to conceive.)
 - i. Tranexamic acid (Cyclokapron®) 1 - 1.5g 3-4 times daily for 3-4 days (during heavy bleeding).
 - ii. Non-steroidal anti-inflammatory drugs (NSAIDs). Particularly useful if there is associated dysmenorrhoea and should be taken just prior to and during menstruation e.g. mefenamic acid (Ponstan®) 500mg 3 times daily.
 - iii. Combined oral contraceptive pill (COCP) e.g. Levlen ED®.
 - iv. Cyclical oral progesterone (days 5-25 of the menstrual cycle) e.g. norethisterone (Primulot®) 5mg 3 times daily.
 - v. Depo-provera 150mg IM, repeat every 12 weeks.
 - vi. Levonorgestrel intra-uterine system [LNG-IUS (Mirena® IUS)].
 - Recommend continuing for up to 6 months if some improvement at 3 months.
 - Apply for Pharmac subsidy if criteria met.
 - Refer to Family Planning for insertion if not available at local primary care facility.
- ❖ Acute management of HMB:
 - i. Suppression of a heavy prolonged menstrual bleed:
 - Norethisterone 15mg/day or medroxyprogesterone acetate (Provera®) 30mgs/day for 3 weeks. (Advise to expect a withdrawal bleed.)
 - Either of the above can be combined with tranexamic acid and/or NSAID.
 - ii. Treat anaemia:
 - Consider blood transfusion with red blood cells if:
 - Hb <70g/l with ongoing bleeding
 - Hb70 – 100g/l with symptoms and signs of impaired oxygen transport.
 - Otherwise iron supplementation:
 - Use oral iron as first line (65mg elemental iron per day)
 - Consider intramuscular (IM) iron if the oral route has failed or is not tolerated or an iron infusion if IM is declined or a more rapid response is required.
 - iii. For further advice, discuss with the 'acute gynaecologist' at Middlemore Hospital (09 276 0000)
 - A higher dose of progesterone may be appropriate.
 - Acute admission may be required for bleeding management or a blood transfusion or an iron infusion as above.

Guideline B: Indications for a Pelvic Ultrasound Scan (USS) for Women with HMB

(USS requests available to primary care through CMDHB Radiology are indicated by *)

- ❖ Those women with HMB requiring referral to GOP (guideline Ac):
 - Hb < 80g/L
 - IMB (*see age criteria below).
 - A failed 3 month trial of medical treatment (*see age criteria below).
- ❖ \geq 30 years (* >45 years plus failed 3/12 medical treatment).
- ❖ \geq 90 kgs (* \geq 90 kgs plus >35 years plus failed 3/12 medical treatment).

- ❖ Nulliparous/a history of infertility/a family history of endometrial, ovarian or colon cancer (*plus >35 years plus failed 3/12 medical treatment).
- ❖ Abnormal pelvic examination (*pelvic mass on examination).

b) Referral Indications to Gynaecology Outpatients (GOP) for Women with HMB

HMB which is impacting on the woman's life, plus one or more of the following:

- ❖ Hb < 80g/L.
- ❖ Inter-menstrual bleeding (IMB), unless a pipelle sample and ultrasound have been performed.
- ❖ A failed 3 month trial of medical treatment or where all options are contraindicated. (See primary care management of HMB: guideline Aa).
- ❖ If a pelvic USS is indicated (guideline Ab), but unavailable to primary care through CMDHB Radiology.
- ❖ If the pelvic USS is abnormal including:
 - Fibroids \geq 3cm
 - Endometrial thickness \geq 12mm where an endometrial pipelle sample is not available or has been performed and pathology confirmed
 - Endometrial polyp or features of endometrial hyperplasia or malignancy
 - Other concerning USS findings.

PART B

Administrative Information

- **Funding Primary Care**
- **Mirena® levonorgestrel-releasing intrauterine system**
- **Financial Transactions: Process**
- **Governance**

Funding Primary Care

In the pilot phase, funding will be provided through the Counties Manukau Health to cover the full costs of primary care as per Table 1. The package of funding is based on the average cost per patient for the volume of patients per annum to be managed in primary care for menorrhagia for each Locality.

This volume of patients to be managed in primary care is based on the **current volumes of patients seen for HMB in secondary care.**

When the initial pilot phase is completed a set volumes per Locality will be negotiated between Counties Manukau Health with the General Manager for each Locality Partnership.

5.1. Funding Assumptions

- ❖ As many general practitioners as possible will be trained and credentialed for endometrial sampling
- ❖ Therefore each general practitioner will see his/her own enrolled patient and receive the capitation payment.
- ❖ This proposal applies to patients who fit the *Pharmac* subsidy criteria for Mirena®. Please see Section 6.0.

5.2. Funding

The objective of the new model of care is to manage patients **who would have previously have been referred to secondary care for the treatment and management of menorrhagia.**

Therefore patients are not required to contribute to the cost of their care in the primary sector as a result of this new model.

The analysis for the business case showed current costs for the non surgical management of patients presenting with menorrhagia in the outpatient setting by Counties Manukau Health clinicians. This was broken out by *variable* cost and *total* cost (variable, fixed inclusive of overhead).

Within this current funding envelope, Counties Manukau Health will fund care for the new model in recognition of the additional skills, pipelle biopsy and transvaginal ultrasound requirws. The GP will also attract the capitation payment for their enrolled patient.

○ The Subsidised patient (Table 1)

For the patient who is diagnosed with menorrhagia and requires a Mirena® levonorgestrel-releasing intrauterine system as their treatment option **and they are eligible for the *Pharmac* subsidy:**

The GP is paid for first assessment, ultrasound and pipelle biopsy, treatment at the second visit which includes insertion of the Mirena® and a follow-up visit. The dispensing fee of \$5.00 will also be reimbursed. This is shown in Table 1.

○ The non Subsidised patient (Table 2)

It is anticipated the majority of patients will be subsidised, however there may be some who are not. For these patients:

The GP is paid for first assessment, ultrasound and pipelle biopsy.

The patient will be referred to the Gynaecology Service at the Manukau Superclinic through the normal referral method, **for insertion of Mirena**. Diagnostic information will be sent with this referral to the Superclinic so repeat tests will not be made.

The patient will be discharged from the Gynaecology Service at the Manukau Superclinic to be followed up by her GP. The GP will be paid for the follow up visit.

Table 1: Funding Primary Care: For the Patient Who receives Pharmac subsidy for Mirena®

	\$
Initial GP Consultation	55.00
Pipelle Biopsy	25.00
Pelvic Ultrasound	123.00
Treatment (insertion of Mirena® and follow up if required)	100.00
Mirena® dispensing fee	5.00
New Primary Care costs to be funded by Counties Manukau Health	\$307.00

Table 2: Funding Primary Care: For the Patient Who does not receive the Pharmac subsidy for Mirena®

	\$
Initial GP Consultation	55.00
Pipelle Biopsy	25.00
Pelvic Ultrasound	122.00
Patient referred to Manukau Superclinic	(Cost to be borne by Secondary Care)
Follow Up Visit with GP	55.00
New Primary Care costs to be funded by Counties Manukau Health	\$252.00

Access to Mirena® levonorgestrel-releasing intrauterine system through *Pharmac* - Subsidy

The preferred option for non surgical treatment of menorrhagia under this pathway, is Mirena® levonorgestrel-releasing intrauterine system 20 mcg per day. The Mirena® system is available through *Pharmac* as a subsidised item under certain conditions in their Pharmaceutical Schedule.

The full cost of a Mirena® device is \$270.00 per item but for women who meet the criteria for subsidised Mirena® this drops to a dispensing fee of \$5.00 per item. The dispensing fee will be covered through the new pathway programme.

This new pathway and associate funding does not include application of Mirena® for contraception.

Co-ordination and Support for New Model of Care

7.1. Ultrasound Provider

Each Locality Clinical Partnership has an existing contract with a Radiology service provider under their *Primary Options for Acute Care* (POAC) programme. This same provider will provide trans-vaginal ultrasound for each patient on referral from credentialed GPs and be reimbursed through the new Menorrhagia model of care programme.

7.2. Pipelle biopsy kits

Pipelle biopsy devices are currently procured for Counties Manukau Health through a regional contract negotiated by healthAlliance. The benefits of this contract have been extended to primary care and reimbursed by Counties Manukau Health.

The One-Link form (appended) will be circulated to Practices to become registered to order through healthAlliance.

7.3 Financial Transactions

Counties Manukau Health will be supported by East Health Services Limited (EHSL) to coordinate and manage all financial transactions. This will be seamless to the GP and the patient.

East Health Services Limited will visit every Practice Manager prior to 'go live' to ensure all mechanism are in place to implement the model.

Specifically, EHSL will provide the payment mechanism and co-ordination support to the Pathway and be responsible for:

- ❖ Co-ordinating all ultrasound appointments for patients who meet the clinical criteria and are referred by an accredited GP
- ❖ Managing all claiming components for service providers, as per the schedule outlined in the Pathway Information Package
- ❖ Processing healthAlliance orders on behalf of General Practice for additional pipelle devices
- ❖ Ensuring all referral and claiming criteria are met
- ❖ Maintaining an accurate database on patient information, referrals and financial transactions in order to meet reporting requirements outlined in this agreement

7.3.1. Claiming Process

- Claiming process will be through the POAC claims management system as per process outlined in the Information Package
- Supporting clinical notes are to be included with the GP claim in order to be accepted
- Claims must meet the specific criteria as outlined in the Information Package

7.3.2. Reporting and Monitoring of Transactions and Process

- EHSL will provide monthly reporting to Counties Manukau Health and participating clinicians as well as other key stakeholders as agreed
- Reports will include:
 - Referral volumes by locality
 - Referral volumes by GP and Practice
 - Patient demographics (NHI, age, ethnicity)
 - Range of services provided and funded

EHSL will monitor demand and inform Counties Manukau Health immediately should there be indication that demand will exceed the estimated pilot volumes.

Clinical Governance

A Clinical Governance process for Gynaecology within each Locality will be required for two reasons:

- ❖ to observe, and monitor the performance of the integrated menorrhagia pathway as components of non-surgical care transition from secondary to primary care and become the responsibility of primary care within the Eastern Locality.
- ❖ to provide a vehicle through which continuing education and development can occur.

It is proposed that the joint Governance role for this programme be worked through between Counties Manukau Health and each Locality Clinical Partnership to build on **groups already established**.

Any recommendations the “Governance group” makes will be jointly presented to the Locality Clinical Partnership and the Women’s Health Service, Counties Manukau Health

A set of specific performance indicators for the pilot implementation of the new pathway will be developed between Counties Manukau Health and each Locality with the expectation that where feasible, these will be generic to all Localities the district

A Terms of Reference will be confirmed with each Locality along with process and structure for collating relevant clinical information.

Dr Jennifer Njenga will be responsible for organising clinical governance meetings.

APPENDIX 1

Credentiailling Assessment Form for Endometrial Pipelle Sampling in Primary Care

<u>Name of GP</u>	
<u>Date of Clinic attendance</u>	
<u>Name of SMO Assessor</u>	
<u>Number of Pipelle samples Observed</u>	

<u>Knowledge requirements</u>	<u>Tick when competent</u>
<ul style="list-style-type: none">• Aetiology of abnormal vaginal bleeding• Use of Guidelines for the management of heavy menstrual bleeding (HMB) and inter-menstrual bleeding (IMB) and PMB in primary care• Indications and contra-indications for pipelle sampling• Perform an appropriate history and vaginal examination• Use of the sampling device and potential risks/inadequacies of sampling• Management of normal and abnormal histological findings	

<u>Post Training</u>	<u>Tick when complete</u>
<u>Feedback and Discussion</u>	
<u>GP Signature</u>	
<u>SMO Signature</u>	

Please hand the completed form to the GP

If competency is not achieved after one clinic visit, then please arrange a further clinic, retain this form and complete a second form.

APPENDIX 2

One Link Account Credit Form



APPLICATION TO OPEN CREDIT ACCOUNT

P.O. Box 44 027 Pt Chevalier, Auckland 1246
 TELEPHONE: (09) 815-2600 ORDERS
 FACSIMILE: (09) 815-1911 ORDERS
 FREE PHONE: 0800 70 80 60

TYPE OF BUSINESS: (Tick ✓) Limited Company Partnership Sole Trader Other

TYPE & NATURE OF BUSINESS:
 Eg: Pharmacy/Resthome/GP/Vet/A&E

CUSTOMER DETAILS:

Full Customer Name:
 (Trading Name)

Registered Name:

Company Incorporated No: Year business Established:

Postal Address: [PO Box/Street] [Suburb] [City] [Post Code]

Delivery Address: [Street] [Suburb] [City] [Post Code]

Telephone: [] [] Facsimile: [] []

Buyer Contact: [] [] Email:

Accounts Payable Contact: [] [] Email:

Estimated Monthly Purchases: \$ Onelink requires a minimum average monthly purchase of \$250 plus GST in order to maintain a current credit account.

I REQUIRE ACCESS TO:

Controlled Drugs Yes No Prescription Medicines Yes No

Name: (Please print) Signature:

Medical Council of New Zealand Number: (or equivalent entitlement)

Please complete the following details for payment of any applicable prompt payment discount :

Bank: Branch:

Account No:

WEBSITE ACCESS: If you wish to have web site access to www.onelink.co.nz, please circle the sections of the website you wish to access:

- C I O E A ALL
- C = Catalogue Allows you to search for products within the Onelink Inventory
 - I = Imprest Gives access to your imprest/s allowing you to order from them or change them
 - O = Order Online ordering facility
 - E = Enquiry Shows current orders and past invoices
 - A = Account History Access to current account balance and aging of accounts for your whole organisation
 - ALL = Full Access Give access to all above facilities

DETAILS OF DIRECTORS/PARTNERS/PROPRIETORS:

Full Name	D.O.B. (for Proprietors and Sole Traders)	Designation	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRADE REFERENCES: (Minimum of 3)

(1)	<input type="text"/>	Phone:	[]
(2)	<input type="text"/>	Phone:	[]
(3)	<input type="text"/>	Phone:	[]

As Customer we irrevocably authorise any person or company to provide Onelink with such information as Onelink may require in response to trade reference credit enquiries now or at any later date. As a Customer we further authorise Onelink to furnish to any third party details of this application and any subsequent dealings that we as Customer may have with Onelink as a result of this application being actioned by Onelink. We further agree the within information may be used to compile mailing lists and the provision of promotional material either by Onelink or by any third party.

UNIT SALES RELEASE:

We acknowledge that Onelink may in the course of its business release sales information to suppliers. The information will consist of unit sales (no prices), for the products belonging to the particular supplier only.

RETENTION OF TITLE/PPSA REGISTRATION:

As Customer, we hereby apply to open a credit account with Onelink. We hereby agree all purchases we make from you will be on the terms and conditions set out in the Onelink Terms of Trade and/or subsequently in force from time to time. We agree those Terms of Trade inter alia include a Retention of Title clause preserving in favour of Onelink property in all goods sold, until the goods have been paid for. We agree (for the purposes of s.36(b) Personal Property Securities Act) to this Retention of Title Clause creating a Purchase Money Security Interest in all goods you sell to us while those goods are held as inventory by us, until we have fully paid you for the goods. We further hereby waive the right to receive a verification statement for the purposes of s.148 of the Act.

The person signing this form personally warrants to Onelink they have authority to sign this form on the Customer's behalf and their signature binds the Customer.

Name:	<input type="text"/>	Designation:	<input type="text"/>
Signed:	<input type="text"/>	Date:	<input type="text"/>

GUARANTEES:

In consideration of credit being extended by Onelink to the above Customer, the undersigned (severally and jointly) guarantee to Onelink the repayment of all credit extended to the Customer by Onelink and guarantee payment to Onelink of all costs of and incidental to recovery thereof and all interest due thereon. The undersigned hereby acknowledge(s) that:

1. As between Onelink and the undersigned, the undersigned shall for all purposes be treated as the debtor and Onelink shall be under no obligation to take proceedings against the above Customer before taking proceedings against the undersigned; and
2. The undersigned shall not be released from liability by the granting of time or indulgence or any act or matter which would release a mere surety. Neither shall any winding up or appointment of receiver or other financial default by the Customer absolve the personal liability hereunder.

1. Signed: (Guarantor)	<input type="text"/>	2. Signed: (Guarantor)	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>

All orders are deemed to have been made by the Buyer and accepted by Onelink upon and subject to these Terms and Conditions of Sale, varied only by any express written terms agreed at the time of the order. In particular any condition contained in the Buyer's order, which is inconsistent with, qualifies or is contrary to these conditions, shall be of no effect unless that condition is expressly accepted in writing by Onelink. Onelink's Standard Terms and Conditions of Sale are:

1. **PLACEMENT OF ORDER**
Orders for goods may be placed by facsimile to 09-815 1911 or 815 2673, by mail to Onelink, PO Box 44-027, Pt Chevalier, Auckland 1246, by EDI on arrangement, or via the Onelink website, www.onelink.co.nz. Faxed orders should not be followed up with a mailed copy, unless marked "Confirmation Only". Onelink requires a minimum average monthly purchase of \$250 plus GST in order to maintain a current credit account.
2. **PHARMACEUTICAL SALES**
 - ◆ Onelink can only accept orders for pharmaceutical products from authorised account holders.
3. **PRICE**
 - ◆ The price shall be as quoted in the company's catalogue or web site, unless subsequently altered by Onelink. The price shall be increased by the amount of any GST and other taxes and duties, which may be applicable.
 - ◆ Buyers will be allocated as List Price or Discount customers at the discretion of Onelink.
 - ◆ Onelink reserves the right to specify a minimum order value which we shall accept from time to time and to impose a surcharge on orders having a value less than this minimum order value.
 - ◆ All prices are subject to alteration without notice and orders are accepted on the basis that they will be charged at the price effective at the date of order.
4. **PAYMENT**
 - ◆ Payment shall be made on monthly or cash terms as specified by Onelink.
 - ◆ Where the Buyer is paying on monthly terms, payment is due by the 20th of the month following the date of despatch; and
 - ◆ Where the Buyer is paying on cash terms, payment is due prior to despatch by cheque or credit card only.
 - ◆ Onelink may alter the terms of payment with effect from the date that it notifies the Buyer of such change.
 - ◆ Onelink reserves the right to impose a credit limit at any time which may be altered at Onelink's discretion with effect from the date that Onelink notifies the Buyer of such change.
 - ◆ Interest at the rate of 1.5% per month or at such rate as may be determined by Onelink from time to time, may be charged on all accounts overdue for payment.
5. **DELIVERY**
 - ◆ Goods are normally despatched within two working days of receipt of order.
 - ◆ Where goods are required to be despatched earlier than our agreed terms of trade, they will be designated as an urgent order.
 - ◆ Goods will be delivered freight free in the Auckland metropolitan area. Freight may be charged for deliveries outside this area.
6. **URGENT ORDERS**
 - ◆ These should be notified by phone or fax to Onelink Customer Services Department.
 - ◆ The service charge applicable at the time of order placement will apply to each urgent order. A higher charge may apply to significant urgent orders after prior notification to the Buyer from Onelink.
 - ◆ Where additional freight costs are incurred by Onelink to achieve the required delivery time, the cost may be charged to the Buyer.
7. **PROOF OF DELIVERY**
 - ◆ Signature of recipient on Onelink authorised carriers schedule will constitute receipt of total consignment.
 - ◆ Any dispute regarding accuracy of delivery must be lodged with Onelink Customer Services Department within 48 hours of receipt.
8. **RETURN OF GOODS FOR CREDIT**
 - ◆ Approval from Onelink must be sought prior to return of goods. A service request number will be provided.
 - ◆ Requests for returns will be considered within 7 days of Packing Slip/Invoice date, provided goods are in the original packing and in a saleable condition.
 - ◆ Once a service request number is provided, goods must be returned within 10 working days, otherwise the service request number will be cancelled.
 - ◆ Accompanying the returned goods must be a copy of the Onelink packing slip, quoting the Service Request number, and any other appropriate documentation as requested.
9. **RISK AND OWNERSHIP**
 - ◆ Risk of any loss, damage or deterioration of or to the goods passes to the Buyer on delivery.
 - ◆ Ownership of the goods remains with Onelink and does not pass to the Buyer until the Buyer has paid for the goods or resold them pursuant to these terms.
 - ◆ Until payment in full is made by the Buyer for the goods sold, the Buyer holds the goods as agent for Onelink and will, if required by Onelink, store the goods in such a manner that they are clearly identifiable as the property of Onelink.
 - ◆ Onelink authorises the Buyer in the ordinary course of its business to use the goods or sell them for full consideration, the proceeds of which shall be held on trust for Onelink. This authority is revoked from the time that:
 - The buyer goes into receivership, liquidation or otherwise commits an act which renders it liable to be wound up; or
 - Onelink notifies the Buyer in writing that his authority is revoked.
 - ◆ Until payment in full for the goods supplied by Onelink to the Buyer has been made, the Buyer hereby irrevocably gives Onelink, its agents and servants, leave and licence (without the necessity for giving any notice) to enter on and into any premises occupied by the Buyer where the goods are stored to search for and to remove any of the goods supplied or in which Onelink has ownership as aforesaid (if necessary after separating or severing the goods from any other goods with which the goods have been mixed or affixed) without in any way being liable to the Buyer or to any person or company claiming through the Buyer. This retention of title clause 10 creates a security interest under the Personal Property Securities Act. The Security Interest extends to the proceeds of selling the goods (as specified in Section 45 and Section 46 of that Act); extends to any product or mass into which the goods are sold or processed or co-mingled (as specified in Section 82 of that Act); and maintains its priority if the goods become part of an accession (as specified in Section 79 of that Act).
10. **GUARANTEES**
Where the Consumer Guarantees Act 1993 applies to this contract:
 - ◆ If the goods are acquired by the Buyer for business purposes, the Buyer agrees that the Consumer Guarantees Act 1993 does not apply; and
 - ◆ If the goods are not acquired by the Buyer for business purposes, Onelink reserves the right to replace any goods which fail to comply with any guarantee contained in the Consumer Guarantees Act 1993.

The Buyer acknowledges that Onelink does not provide any Express Guarantees (as defined in the Consumer Guarantees Act 1993) other than those expressly confirmed by Onelink in writing.

We accept Onelink's Terms of Trade as printed on this form and as amended from time to time.

Name: Designation:
Signed: Date: