

PURPOSE

This document describes the procedure to follow for requesting User Access in OrganMatch.

It includes:

- Laboratory Portal
- Transplantation Portal
- Donation Portal

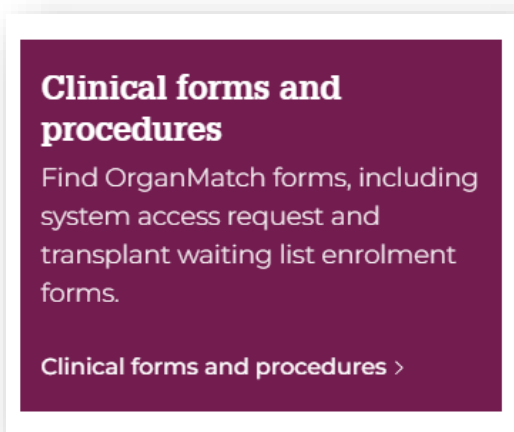
1. ORGANMATCH SYSTEM ACCESS REQUEST FORM

To gain access to OrganMatch, complete either form:

- OrganMatch System Access Request Form - Laboratory Portal (OM-074)
- OrganMatch System Access Request Form - Transplantation Portal (OM-075)
- OrganMatch System Access Request Form - Donation Portal (OM-076)

Forms are found on the OrganMatch website:

www.donatelife.gov.au/for-healthcare-workers/organmatch



- OrganMatch system Access Request Form – OrganMatch Admin (OM-079)

2. COMPLETING ORGANMATCH SYSTEM ACCESS REQUEST FORM

2.1 LABORATORY PORTAL

This form is to request access to the OrganMatch Laboratory Portal.

ORGANMATCH LABORATORY ACCESS

OrganMatch System Access Request Form - Laboratory Portal (OM-074)

Section A

Complete with your details.

Details for Laboratory User - Section A (Access to OrganMatch app)			
First Name:		Surname:	
OrganMatch Lab:	Select	Lab Manager:	
Effective Date:	(DD/MM/YYYY)	Finish Date:*	(DD/MM/YYYY)
Email ID:			

* Fill this only if known, else leave as blank.

Section B

Select User Role.

Note: User access rights must remain appropriate for individual's role.

Access for Laboratory User - Section B (Access to OrganMatch app)	
User Role	Action
Lab Manager	Select
SNR Lab User	Select
On-Call for TWL	Select
Lab User	Select
Advanced Lab User	Select
Read Only	Select

Section D

Requires approval from the Authorised Manager. This is required prior to account creation.

ORGANMATCH ACCESS TO ORGANMATCH

Manager Authorisation - Section D	
<input type="checkbox"/>	I confirm that I have verified that this access is appropriate for the job role of the nominated User
<input type="checkbox"/>	If User is changing roles I have requested that role specific access is removed where applicable
Manager Name	<input type="text"/>
Manager Position	<input type="text"/>
Manager Phone	<input type="text"/>
Manager Email	<input type="text"/>

ORGANMATCH KPD ACCESS

Section A

Complete with your details.

Details for Laboratory User - Section A (Access to OrganMatch app)			
First Name:	<input type="text"/>	Surname:	<input type="text"/>
OrganMatch Lab:	Select	Lab Manager:	<input type="text"/>
Effective Date:	<input type="text" value="(DD/MM/YYYY)"/>	Finish Date:*	<input type="text" value="(DD/MM/YYYY)"/>
Email ID:	<input type="text"/>		

* Fill this only if known, else leave as blank.

Section C

Select User Role.

Note: User access rights must remain appropriate for individual's role.

Access to KPD - Section C	
User Role	Action
KPD National Lab Coordinator	Select

Section D

Requires approval from the Authorised Manager. This is required prior to account creation.

ORGANMATCH ACCESS TO ORGANMATCH

Manager Authorisation - Section D	
<input type="checkbox"/>	I confirm that I have verified that this access is appropriate for the job role of the nominated User
<input type="checkbox"/>	If User is changing roles I have requested that role specific access is removed where applicable
Manager Name	<input type="text"/>
Manager Position	<input type="text"/>
Manager Phone	<input type="text"/>
Manager Email	<input type="text"/>

ORGANMATCH ADMIN ACCESS

OrganMatch System Access Request Form – OrganMatch Admin (OM-079)

Section A

Complete with your details.

Details for Laboratory User - Section A (Access to OrganMatch app)			
First Name:	<input type="text"/>	Surname:	<input type="text"/>
OrganMatch Lab:	Select	Lab Manager:	<input type="text"/>
Effective Date:	<input type="text" value="(DD/MM/YYYY)"/>	Finish Date:*	<input type="text" value="(DD/MM/YYYY)"/>
Email ID:	<input type="text"/>		

* Fill this only if known, else leave as blank.

Section B

Select User Role.

Note: User access rights must remain appropriate for individual's role.

Admin - Section B	
User Role	Action
System Admin*	Select
Business Admin*	Select

* National OrganMatch Manager approval required for admin roles

Section C

Requires approval from the Authorised Manager. This is required prior to account creation.

Manager Authorisation - Section C	
<input type="checkbox"/>	I confirm that I have verified that this access is appropriate for the job role of the nominated User
<input type="checkbox"/>	If User is changing roles I have requested that role specific access is removed where applicable
Manager Name	<input type="text"/>
Manager Position	<input type="text"/>
Manager Phone	<input type="text"/>
Manager Email	<input type="text"/>

2.2 TRANSPLANTATION PORTAL

This form is to request access to the OrganMatch Transplantation Portal only:
<https://provider.organmatch.org.au/>

OrganMatch System Access Request Form - Transplantation Portal (OM-075)

Section A

Requires approval from the transplant unit head. This is required prior to account creation.

Request Type		OrganMatch Transplantation Portal access	
Section A – Transplant Unit Head Approval			
Approver Name:			
Approver Role:			
Approver Phone:			
Approver Email:			
<input type="checkbox"/>	In the capacity of my role specified above, I approve access to the OrganMatch Transplantation Portal https://provider.organmatch.org.au/ for each of the providers listed in section B of this document		

Section B

Complete with your details.

Section B – Requested OrganMatch account holder details										
Salutation	First Name	Surname	Role	Access Levels:	Email ID:	Mobile No:	Effective Date:	Finish Date:	Hospitals:	Hospital Units:
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator <input type="checkbox"/> Registration			(DD/MM/YYYY)	(DD/MM/YYYY)		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Renal
Mrs			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator <input type="checkbox"/> Registration			(DD/MM/YYYY)	(DD/MM/YYYY)		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Renal
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator <input type="checkbox"/> Registration			(DD/MM/YYYY)	(DD/MM/YYYY)		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Renal

2.3 DONATION PORTAL

This form is to request access to the OrganMatch Donation Portal only:

<https://donation.organmatch.org.au/>

OrganMatch System Access Request Form - Donation Portal (OM-076)

Section A

Requires approval from the Donate Life Manager. This is required prior to account creation.

Request Type		OrganMatch Donation Portal access
Section A – Account Authorisation – Donate Life Manager		
Approver Name:		
Approver Role:		
Approver Phone:		
Approver Email:		
<input type="checkbox"/>	In the capacity of my role specified above, I approve access to the OrganMatch Donation Portal https://donation.organmatch.org.au/ for each of the providers listed in section B of this document	

Section B

Complete with your details.

Section B – OrganMatch							
Salutation	First Name:	Surname:	Email ID:	Mobile No:	Effective Date:	End Date:	Organisation:
Select					(DD/MM/YYYY)	(DD/MM/YYYY)	Select
Select					(DD/MM/YYYY)	(DD/MM/YYYY)	Select
Select					(DD/MM/YYYY)	(DD/MM/YYYY)	Select
Select					(DD/MM/YYYY)	(DD/MM/YYYY)	Select

3. SUBMITTING ORGANMATCH SYSTEM ACCESS REQUEST FORM

Once complete, email from the authorising Manager's account to:

OrganMatchApplicationSupport@redcrossblood.org.au

The form will be processed.

Once approved, credentials and instructions will be emailed to you.

REFERENCED INTERNAL DOCUMENTS

Document number	Source
OM-074	OrganMatch System Access Request Form – Laboratory Portal
OM-075	OrganMatch System Access Request Form – Transplantation
OM-076	OrganMatch System Access Request Form – Donation Portal
OM-079	OrganMatch system Access Request From – OrganMatch Admin

CHANGE HISTORY

Version number	Effective date	Summary of change
1	Refer to Footer	New version of document

ELECTRONIC SIGNATURE

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