

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

Please complete sections **A** and **B** and email the completed form to OrganMatchApplicationSupport@redcrossblood.org.au from the authorising Manager's account for processing.

Approval by the OrganMatch National Manager is required prior to account creation.

Section A - Request Type OrganMatch Transplantation Portal access

Section A – Transplant Unit Head or Delegate Approval

Approver Name:

Approver Role:

Approver Phone:

Approver Email:

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 – Requested OrganMatch account holder details

Salutation	First Name	Surname	Role	Access Levels	Email	Mobile No.	Effective Date	Finish Date	Hospitals	Hospital Units
Dr			Physician	Provider Coordinator Registration* Read only						Heart Liver Lung Renal
Dr			Physician	Provider Coordinator Registration* Read only						Heart Liver Lung Renal
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Provider access: View all records. Download reports. Reply to notes

Coordinator access: Edit data fields. Update enrolments

*Registration access: Create person records. Create program enrolments.

Read Only access: View all records.

*Registration access requires additional training prior to granting access