

OrganMatch System Access Request Form - Clinical Portal

This form is to request access to the OrganMatch Clinical 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.

Request Type	OrganMatch Clinical Portal
---------------------	-----------------------------------

Section A – Transplant Unit Head Approval

Approver Name:	
Approver Role:	
Approver Phone:	
Approver Email:	

In the capacity of my role specified above, I approve access to the OrganMatch Clinical Portal <https://provider.organmatch.org.au/> for each of the providers listed in section B of this document

Salutation	First Name:	Surname:	Provider Type:	Clinical Hub Roles:	Email ID:	Effective Date:	Finish Date:	Hospitals:
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider				

				<input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	
Select			Select	<input type="checkbox"/> Provider <input type="checkbox"/> Coordinator		(DD/MM/YYYY)	(DD/MM/YYYY)	

Section C – Authorisation – To be completed by the OrganMatch National Manager	
Authoriser Name	
Authoriser Role	
Authoriser Email	
<input type="checkbox"/>	As the product owner, I authorise access to the OrganMatch Clinical Portal https://provider.organmatch.org.au/ for each of the providers listed in section B of this document