



Request Type	
New Account	Account Change
Lock/Unlock/Reinstate Account	
Reason for Request	
Date to be implemented (enter asap or a specific date if implementation is to be deferred):	
Name of PET/CT Centre	
Full name	
Job Title	
Email address	
Tick if email notification is required subsequent to any of the following actions:	<input type="checkbox"/> No email notifications required <input type="checkbox"/> Delivery Accepted (by a member of your team) <input type="checkbox"/> Order Amendment (by a member of your team) <input type="checkbox"/> Batch Disposition (by Curium) <input type="checkbox"/> Order Cancelled (by a member of your team) <input type="checkbox"/> Order Received (by Curium) <input type="checkbox"/> Order Submission (by a member of your team)
	If you wish to notify other members of your team please enter relevant email addresses: <hr/>

Approved by:	<i>Creddie [Signature]</i>
Date:	11/06/2021

SOP No.: 19-I, Rev. 8, Appendix 2  
 Client User Access Request Form for PrOFS

**Tick for level of system access required for user.**

**Note: A Level 2 User must be a Physicist, Radiographer or Medical Professional**

<b>Level 1 User</b>		<b>Level 2 User</b>	
<b>Select Required Options for Level 1 Users (if relevant)</b>		<input type="checkbox"/> All Options Below <input type="checkbox"/> Submit Orders <input type="checkbox"/> View Orders <input type="checkbox"/> Amend Orders <input type="checkbox"/> Cancel Orders	
<b>Select Required Options for Level 2 Users (if relevant)</b>		<input type="checkbox"/> All Options Below <input type="checkbox"/> Submit Orders <input type="checkbox"/> View Orders <input type="checkbox"/> Amend Orders <input type="checkbox"/> Cancel Orders <input type="checkbox"/> Accept Delivery <input type="checkbox"/> Print Release Form <input type="checkbox"/> Acknowledge Batch (after checking Release Form against batch container label)	

**Security Requirements: Receipt of New Password**

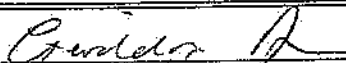
Email
  Phone
  Either

*Note: It is the responsibility of the client to immediately notify Curium Ltd. in the event that a user's access to PrOFS should be revoked, either temporarily or permanently*

**Electronic Signature Declaration (for NEW Accounts only)**

**By signing below, I confirm that any e-signatures performed by me on PrOFS are the legal equivalent of a handwritten signature.**

<b>Print Name</b>	<b>Signature</b>	<b>Date (DD/MM/YYYY)</b>

<b>Approved by:</b>	
<b>Date:</b>	11/06/2021

For New Accounts a completed User Training Record form must accompany this Request form.

Required (Yes/No)	Completed (Yes/No/NA)

User Request and Approval			
	Print Name	Signature	Date (DD/MM/YYYY)
Requested by (User Account Owner):			
Approved by (Client Authoriser):			

**FOR CURIUM USE ONLY:**

Assigned User Name	
Initial Password	

	Print Name	Signature	Date (DD/MM/YYYY)
Approved by:			
Implemented by:			
Checked by:			

Approved by:	<i>[Handwritten Signature]</i>
Date:	11/06/2021