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### SOP No.: 19-I, Rev. 9, Appendix 2 Client User Access Request Form for PrOFS



New Account  Change  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 pelivery Accepted (by a member of your team) polivery Accepted (by a member of your team)  Delivery Accepted (by a member of your team)  Dorder Amendment (by a member of your team)  Order Received (by Curium)  Order Received (by Curium)  Order Received (by Curium)  If you wish to notify other members of your team please enter relevant email addresses:			Request Type	
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   No email notifications required   Delivery Accepted (by a member of your team)   Order Amendment (by a member of your team)   Batch Disposition (by Curium)   Order Cancelled (by a member of your team)   Order Received (by Curium)   Order Submission (by a member of your team)   If you wish to notify other members of your team please enter relevant email addresses:		I ''' ' ' .	Lock/Unlock/Reinstate Account	•
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			other members of your team please enter relevan	t email

Approved by:	Tatiana Soic
Date:	27/06/2023

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Level 1 User	Physicist, Radiographer or Medical Professional  Level 2 User
Select Required Options for Le Users (if relevant)	evel 1
	□ Submit Orders □ View Orders
	□ Amend Orders
	□ Cancel Orders
Select Required Options for Le Users (if relevant)	evel 2 □ All Options Below
	Submit Orders
	□ View Orders
	□ Amend Orders
	□ Cancel Orders
	□ Accept Delivery
	□ Print Release Form
	☐ Acknowledge Batch (after checking Release Form against batch container label)
Security Req	uirements: Receipt of New Password
n Email	□ Phone □ Either
	The state of the s
Note: It is the responsibility of th	te ctient to immediately notify Curium Ltd. in the event the be revoked, either temporarily or permanently
Note: It is the responsibility of th a user's access to PrOFS should	
Note: It is the responsibility of the a user's access to PrOFS should  Electronic Signati  By signing below, I confirm tha	be revoked, either temporarily or permanently ure Declaration (for NEW Accounts only) at any e-signatures performed by me on PrOFS are th
Note: It is the responsibility of the auser's access to PrOFS should  Electronic Signation  By signing below, I confirm that legal equivalent of a handwritte	be revoked, either temporarily or permanently ure Declaration (for NEW Accounts only) at any e-signatures performed by me on PrOFS are th
Note: It is the responsibility of the auser's access to PrOFS should  Electronic Signate  By signing below, I confirm that legal equivalent of a handwritte  Print Name  Signate	be revoked, either temporarily or permanently  are Declaration (for NEW Accounts only)  at any e-signatures performed by me on PrOFS are the en signature.  Date (DD/MMAYYYY)
Note: It is the responsibility of the auser's access to PrOFS should  Electronic Signation  By signing below, I confirm that legal equivalent of a handwritte	be revoked, either temporarily or permanently ure Declaration (for NEW Accounts only) at any e-signatures performed by me on PrOFS are the en signature.

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form.	completed User I rai	ning Record form mus	t accompany this Request
Require	ed (Yes/No)	Comple	ted (Yes/No/NA)
		est and Approval	
	Print Name	Signature	Date (DD/MM/YYYY)
Requested by (User Account Owner):			
Approved by (Client Authoriser):			
Assigned User Name			
Initial Password	Print Name	Signature	Date (DD/MM/YYYY)
Initial Password		Signature	
Initial Password  Approved by:		Signature	
Initial Password  Approved by:  Implemented by:		Signature	
Initial Password  Approved by:  Implemented by:		Signature	
Assigned User Name Initial Password  Approved by: Checked by:	Print Name	Signature  Tatiana Serie 27/06/2023	(DD/MNUXYXX)