

CURIUM™

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 (work)	
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: _____

Approved by:	<i>Tatjana Lotic</i>
Date:	<i>31/10/2023</i>

**SOP No.: 19-I, Rev. 10, 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

Level 1 User	Level 2 User
Select Required Options for Level 1 Users (if relevant)	<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
Select Required Options for Level 2 Users (if relevant)	<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.

Print Name	Signature	Date (DD/MM/YYYY)

Approved by:	<i>Tatjana Bzic</i>
Date:	<i>31/10/2023</i>

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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 (New User Account Owner):			
Approved by (Client/Hospital Authoriser):			

Please complete all boxes above prior to submission.

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>Tatjana Lozic</i>
Date:	<i>31/10/2023</i>