

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](mailto:OrganMatchApplicationSupport@redcrossblood.org.au) from the authorising Manager’s account for processing.

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

**Request Type** OrganMatch Transplantation Portal access

### Section A – Transplant Unit Head or Delegate Approval

<b>Approver Name:</b>	
<b>Approver Role:</b>	
<b>Approver Phone:</b>	
<b>Approver Email:</b>	

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:
				Provider Coordinator Registration* Read Only						Heart Liver Lung Renal
				Provider Coordinator Registration* Read Only						Heart Liver Lung Renal
				Provider Coordinator Registration* Read Only						Heart Liver Lung Renal

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