**This form is to request access to the OrganMatch Donation Portal only (https://donation.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 Donation Portal access |
|---|---|

| Section A – Account Authorisation – Donate Life Manager or Delegate | |
|---|---|
| **Approver Name:** | |
| **Approver Role:** | |
| **Approver Phone:** | |
| **Approver Email:** | |
| | **In the capacity of my role specified above, I approve access to the OrganMatch Donation Portal https://donation.organmatch.org.au/ for each of the providers listed in section B of this document** |

| Section B – OrganMatch | | | | | | | |
|---|---|---|---|---|---|---|---|
| Salutation | First Name: | Surname: | Email: | Mobile No: | Effective Date: | End Date: | Organisation: |
| | | | | | | | |
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