

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

### Section A – 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 staff listed in section B of this document

### Section B – OrganMatch

Salutation	First Name	Surname	Email	Mobile No.	Effective Date	End Date	Organisation
							ACT DonateLife Agency