|  |  |
| --- | --- |
| Pharmacy Profile Form | **MANAGER to complete** |
|   | **Pharmacy Name** | **Date of Application:** |
| \* |  |  |
|  | **MANAGER** Please enter your name |
| \* |  |
|  | **Please provide your email address** | **Claimant number**  |
| \* |  |  |
|  | **Change occurred**  | **Change effective from:** |
|  |  |  |
| **Address Details** |
| \* | **Address 1** |  |
| \* | **Address 2** |  |
| \* | **Address 3** |  |
|  | **Postal Address 1** |  |
| \* | **Pharmacy Phone** |  |
|  | **Fax** |  |
| \* | **Pharmacy Email Address** |  |
| **Vendor Information** |   |
| \* | **Pharmacy Software Vendor** |  |
| **\*** | **Internet Router Vendor** |  |

|  |  |  |
| --- | --- | --- |
|  | **Pharmacy Checklist for TestSafe Access** | **tick[1]**  |
|  | **Inform your Pharmacy Software Vendor you are happy to send data to TestSafe** |  |
|  | **Pharmacy Contact Person (for TestSafe to contact)** |  |
|  | **Profile Request Form completed and sent back to TestSafe** |  |
|  | **User Access Deeds filled in for all pharmacists (new users only)** |  |
|  | **Have you navigated to the website below in Internet Explorer:**[https://testsafemessages.akl.ha.org.nz/PharmacyDispensing/fake.asp?brody=<PHARMACY ID](https://testsafemessages.akl.ha.org.nz/PharmacyDispensing/fake.asp?brody=%3cPHARMACY%20ID)> |  |
|  | **Submit Form to testsafe@healthalliance.co.nz****Postal: TestSafehAMSC  (healthAlliance)Private Bag 92801Auckland 1642** |  |
| ***TESTSAFE USE ONLY*** |   |   |
| **Organisation Approval** |  |  |
| **Details entered into Pharmacy user list.xls** |  |  |
| **Access granted** |  |  |
| **Comment** |  |