|  |  |  |  |
| --- | --- | --- | --- |
| 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: TestSafe hAMSC  (healthAlliance) Private Bag 92801 Auckland 1642** | |  |
| ***TESTSAFE USE ONLY*** | |  |  |
| **Organisation Approval** | |  |  |
| **Details entered into Pharmacy user list.xls** | |  |  |
| **Access granted** | |  |  |
| **Comment** | |  | |