

ANZDATA Registry - WEB Based Data Entry

Request to Create a New User Password

Please type or Print clearly in the fields below, have the form signed and forward to ANZDATA by fax or post

Surname: [required]	
Given Name: [required]	

Title: [e.g. Dr, Sr, CNC, Anzdata Coordinator]	
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Email: <small>It is essential to have a valid, current Email address or the system fails</small>	
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Work Phone:	Mobile:
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Pager:	Fax:
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Work Address:		
City:	State:	Postcode:

Security Level Authorised:	Tick one only	Data Entry & Report View	
		Report View ONLY	

Authorising person MUST BE THE HEAD OF UNIT of the Hospital Renal Unit		
Name of Hospital	Print Name of Authorising Person	Signature

Post to: ANZDATA Registry – DX 800 mp117
 C/- Royal Adelaide Hospital
 Level 9 East Wing, room C9-32
 North Terrace
 ADELAIDE 5000 S.A.

Or Fax: [08] 8222 0995

<u>FOR OFFICE USE ONLY</u>	
Password Authorised	
Issued	