

# PROMIS USER ACCOUNT REQUEST

Submit this form to [promis@bcrenal.ca](mailto:promis@bcrenal.ca) OR create/submit via the online PROMIS JIRA User Access Form [here](#) through the authorized approver.

Please note:

- After 3 months without logging in, the account disables. Contact PROMIS Support to reactivate the account.
- After 6 months without logging in, the account is disabled. Resubmit a new user account request form.
- A change to an existing PROMIS account will require a submission of the user account request form.
- Mandatory fields are marked with an asterisk.

<b>Request Type</b>	New/Reinstate <input type="radio"/>	Change <input type="radio"/>	Deactivate <input type="radio"/>
<b>Training Type</b>	Instructor-Led <input type="radio"/>	eLearning <input type="radio"/>	<a href="#">Sign Up Here</a>

## User Information

\*PROMIS Access Start Date: \_\_\_\_\_ PROMIS Access End Date: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ (Ext) \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Position: Specify One \_\_\_\_\_

Care Centre (Hospitals/Clinics) user requires access to:

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## Renal Access Section

(Complete this section if you require renal access)

<b>Select Clinic Type:</b>	<b>Select Access:</b>	<b>Read-Only Required?</b>
CKD / Predialysis <input type="checkbox"/>	Centre Scheduling <input type="checkbox"/>	Yes <input type="checkbox"/>
Hemodialysis <input type="checkbox"/>	Dialysis Waitlist <input type="checkbox"/>	No <input type="checkbox"/>
Home Hemodialysis <input type="checkbox"/>	Emergency Planning <input type="checkbox"/>	
Peritoneal Dialysis <input type="checkbox"/>		

## Transplant Access Section

(Complete this section if you require transplant access)

Will user require additional Transplant access?

- Liver Transplant Referral  
 Activating Patients to Waitlist

Will user require access to Donor information?

- Yes  
 No

What will user require Donor access to?

- Living Kidney Donor  
 Living Liver Donor  
 Deceased Donor

**Specify Program(s):**

- Kidney  
 Kidney-Pancreas  
 Liver  
 Pancreas  
 Heart  
 Heart-Lung  
 Single-Lung  
 Double-Lung  
 Islet  
 Cluster  
 Bowel

**Read-Only Required?**

- Yes  
 No

**Post-COVID Recovery Access Section** (Complete this section if you require PC-ICCN access)

Is read-only access required?

Yes  No

**Research Access Section** (Complete this section if you require research access)

Research Study Title: \_\_\_\_\_

REB #: \_\_\_\_\_

Research Study Principal Investigator: \_\_\_\_\_

Does the Principal Investigator have an Information Sharing Agreement completed?

Yes  No

**Additional Comments:**

\_\_\_\_\_

**Authorizing Signature**

\* Authorized approver names and authorizer signatures are required to grant PROMIS user access. Please click on the [list](#) to view the PROMIS portal of approved authorizers.

By signing the below, I have the authority and consent that this user be granted the ability to have access to patients as pertains to their job role and centre(s). I agree to review their access bi-annually.

**PROMIS Renal Authorizer's Name:** \_\_\_\_\_ **PROMIS Renal Authorizer's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**PROMIS Transplant Authorizer's Name:** \_\_\_\_\_ **PROMIS Transplant Authorizer's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**PROMIS PCR Authorizer's Name:** \_\_\_\_\_ **PROMIS PCR Authorizer's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**PROMIS Research Authorizer's Name:** \_\_\_\_\_ **PROMIS Research Authorizer's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

For more information about PROMIS User Accounts, contact PROMIS Support. PROMIS Support is available Monday through Friday from 7:30am to 5pm, excluding statutory holidays.

Email: [promis@bcrenal.ca](mailto:promis@bcrenal.ca)

Phone: (604) 806-8868

Toll-Free: 1 (855) 806-8868