

**AUTHORISATION LIST**

<b>SDP Centre Name:</b>	<b>SDP Code:</b>	<b>Fax Number:</b>
-------------------------	------------------	--------------------

No.	Name (to print)	Registry (ACS/PCI)	User group*	Contact	Signature
1				Mobile:	
				Email:	
2				Mobile:	
				Email:	
3				Mobile:	
				Email:	
4				Mobile:	
				Email:	
5				Mobile:	
				Email:	

**\*Access rights by user group:**

1. **Site Investigator** - View/ Add/ Edit/ Request to Delete patient record, Registry & Centre Statistics Report, Download Own-Centre Data
2. **SDP Doctor** - View/ Add/ Edit/ Request to Delete patient record, Centre Statistics Report
3. **Site Coordinator** - View/ Add/ Edit/ Request to Delete patient record, Centre Statistics Report, Download Own-Centre Data
4. **SDP Nurse** - View/ Add/ Edit/ Request to Delete patient record

\_\_\_\_\_  
Signature of Person in-charge of NCVD

\_\_\_\_\_  
Date