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| **REQUEST – To be completed by the representative of the company** | | | | | | | | | |
| **System Name** | | Finnish Medicines Verification System (FiMVS) | | | | | | | |
| **Request Type** | | | | | | | | | |
|  | New Account | | | | | | | | |
|  | Update Existing Account | | | Account ID: | |  | | | |
|  | Retire Account | | | Account ID: | |  | | | |
| **Company information** | | | | | | | | | |
| Company name: | | |  | | | | | | |
| Postal address: | | |  | | | | | | |
| E-mail address: | | |  | | | | | | |
| Phone number: | | |  | | | | | | |
| Type of end user: | | |  | | Pharmacy | |  | | Hospital pharmacy |
|  | | Dispensary | |  | | Wholesale company |
| Business ID: | | |  | | | | | | |
| OID: 1) | | |  | | | | | | |
| WDA authorisation number: 2) | | |  | | | | | | |
| **Authorised representative information** | | | | | | | | | |
| Name: | | |  | | | | | | |
| Job title: | | |  | | | | | | |
| Contact details: | | |  | | | | | | |
| Evidence of authorisation: | | |  | | Pharmacy license | | |  | Hospital pharmacy license |
|  | | Dispensary license | | |  | Trade register extract 2) |
| **IT Service Provider information** | | | | | | | | | |
| Company name: | | |  | | | | | | |
| Postal address: | | |  | | | | | | |
| E-mail address: | | |  | | | | | | |
| Business ID: | | |  | | | | | | |
| Contact person: | | |  | | | | | | |
| Software name and version: 3) | | |  | | | | | | |

1) Organisation ID in Fimea – Apteekkirekisteri (Fimea register of pharmacies)

2) Wholesale companies

3) Software used by the company to connect to FiMVS

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| --- | --- | --- |
| **Reason for the request** | | |
|  | | |
| **Name of the requestor** | **Date** | **Signature** |
|  |  |  |

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| **REQUEST APPROVAL – To be completed by FiMVO manager** | | |
| **Name of FiMVO manager** | **Date** | **Signature** |
|  |  |  |

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| **REQUEST COMPLETION – To be completed by the system administrator** | | | |
| Account ID: |  | Completion date: |  |
| Action performed: | | | |
|  | | | |

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| --- | --- | --- |
| **Name of the system administrator** | **Date** | **Signature** |
|  |  |  |