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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** |
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| **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** |
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