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| **Request from IT Software Provider / System Owner to Connect to Irish Medicines Verification System (IMVS)**  |
| **Name of company/organisation** |  |
| **Address** |  |
| **Primary technical contact name** |  |
| **Primary technical contact email** |  |
| **Primary technical contact telephone** |  |
| **Requested username** *If none is suggested, one will be generated* |  |
| **Name of software system(s) to be connected to IMVS** |  |
| **Who are the end-users of the system(s)?***Community pharmacies, hospital pharmacies, others (please give details)?* |  |
| **I confirm that I am duly authorised to complete this form on behalf of the above named company / organisation:** |
| **Name (BLOCK CAPITALS)** |  |
| **Position in organisation** |  |
| **Signature** |  |
| **Date**  |  |

*The signed form should be returned by email to* *ITManager@imvo.ie**. Please note that you are also required to sign a non-disclosure agreement (NDA) with the IMVS provider, Solidsoft Reply Ltd, before access will be granted to the IMVS ITE. The NDA template is available on request from IMVO.*

***Data privacy:*** *The personal data provided on this form will be processed by IMVO in accordance with our data privacy policy which is available at:* [*http://www.imvo.ie/about/data-privacy-policy*](http://www.imvo.ie/about/data-privacy-policy)*. In particular, relevant details will be shared with Solidsoft Reply Limited for the purpose of them providing you with the necessary technical information to create a connection from your system to the IMVS.*