**Purpose:** To request new access, modify existing access or remove access to the following Ontario Health Trillium Gift of Life Network (OH TGLN) systems:

* [Organ Allocation and Transplant System (OATS)](#_TOTAL_Access)
* [Secure File Transfer Protocol (SFTP)](#_SFTP_Access)
* [iTransplant](#_iTransplant_Access_(TGLN)

**Request and Approval Process:**

Complete all sections and fields within this form, as applicable, with the required approval and signoff by your Manager. Upon completion, submit this form to **oh-tgln\_servicedesk@ontariohealth.ca****.** When the request is processed, you will receive an email confirming your system access and related login credentials.

**Pre-requisite:
Users must provide an active ONE®ID User ID in order to enable OH TGLN to process the access request.** If you do not have ONE®ID credentials, your organization has Local Registration Agents (LRA) that can assist you. Please reach out to your Manager/local service desk to complete this step.

[ ]  Check this box to indicate you are an Internal User (i.e., an OH TGLN employee) who requires a ONE®ID account.

# **Requesting User Information**

|  |  |
| --- | --- |
| **Full Name:** | First Name Last Name |
| **Title:** | Click here to enter text |
| **Organization:** | Click here to enter text |
| **Phone Number:** | (555) 555-5555 ext. 2222 |
| **Email Address:** | Click here to enter email |
| **ONE®ID User ID:** | Click here to enter ONE®ID |
| **Date of Request:** | Click here to enter date |

# **OATS Access**

OATS is the core system that supports Ontario’s end-to-end organ donation and transplantation processes, including organ allocation, organ offering, wait list management, and post-transplant management.

**External Users**

| **Action Requested** |  | **User Access Details** |
| --- | --- | --- |
| [ ]  **New Account***If you do not have an OATS account, please select this option and indicate the user role and organ/organ clusters for which access should be granted.* | **User Role:**[ ]  HLA Lab Technologist[ ]  Senior HLA Lab Technologist[ ]  Recipient Coordinator (Edit)[ ]  Recipient Coordinator (Read only)[ ]  Living Donor Coordinator (Edit)[ ]  Living Donor Coordinator (Read only)[ ]  Transplant Coordinator[ ]  Transplant Physician[ ]  Surgical Recovery Coordinator | **Organs for which access is needed:**[ ]  Heart[ ]  Liver[ ]  Lung[ ]  Kidney[ ]  Pancreas[ ]  Small Bowel[ ]  Vascular Composite Allotransplantation (VCA)[ ]  All organs |
| [ ]  **Modify Existing Account***If you have an existing OATS account but wish to modify your privileges, select this option and indicate the organ/organ clusters for which access should be granted.* |
| [ ]  **Disable Account***If your OATS account needs to be disabled, please select this option.* | **Transplant Hospital(s):**[ ]  HSC[ ]  KGH[ ]  LHSC[ ]  OHI[ ]  SMH[ ]  STJ[ ]  TGH[ ]  TOH | **HLA Lab locations:**(only for HLA Lab Technologist roles)[ ]  Kingston[ ]  Hamilton[ ]  London[ ]  Ottawa[ ]  Toronto |

**Internal Users
(for OH TGLN Employees Only)**

| **Action Requested** |  | **User Access Details** |
| --- | --- | --- |
| [ ]  **New Account***If you do not have an OATS account, please select this option and indicate the user role and organ/organ clusters for which access should be granted.* | **Internal Users:**[ ]  Clinical Services Coordinator (CSC)[ ]  CSC Manager[ ]  Surgical Recovery Coordinator[ ]  TGLN QA[ ]  TGLN Informatics[ ]  TGLN Family Services[ ]  TGLN Research[ ]  TGLN Transplant Funds[ ]  TGLN Transplant Program Manager[ ]  TGLN Admin | **Organs for which access is needed:**[x]  All organs |
| [ ]  **Modify Existing Account***If you have an existing OATS account but wish to modify your privileges, select this option and indicate the organ/organ clusters for which access should be granted.* |
| [ ]  **Disable Account***If your OATS account needs to be disabled, please select this option.* |

# **SFTP Access**

SFTP is a secure platform used to share documents with external stakeholders. External stakeholders require an SFTP account to view OH TGLN reports and/or submit information to OH TGLN.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Requested** |  | **Organs/organ clusters for which access should be granted:** | **Report Topic** |
| [ ]  **New Account***If you do not have a SFTP account, select this option and indicate organ/organ clusters and report topics for which access should be granted.* | [ ]  Heart[ ]  Liver[ ]  Lung[ ]  Kidney[ ]  Pancreas (whole)[ ]  Small Bowel[ ]  Vascular Composite Allotransplantation (VCA)[ ]  All organs[ ]  Not Applicable | [ ]  Heart Clusters[ ]  Liver Clusters[ ]  Lung Clusters[ ]  Kidney Clusters[ ]  Pancreas (whole) Clusters[ ]  Small Bowel Clusters[ ]  Pancreas (for islets)[ ]  All organ clusters | [ ]  Reasons On Hold (Status and Summary)[ ]  Liver Downstaging Report[ ]  Kidney Wait Time Reports[ ]  Increased Risk Donor Report[ ]  Provincial Kidney Waitlist Report[ ]  HLA Lab Reports[ ]  Living Kidney Donor Candidate Data Submission[ ]  Ocular Donation Verification Reports[ ]  Data Validation |
| [ ]  **Modify Existing Account***If you have an existing SFTP account but wish to modify your privileges, select this option and indicate organ/organ clusters and report topics for which access should be granted.* |
| [ ]  **Disable Account***If your SFTP account needs to be disabled, please select this option.* |

**NOTE:** An OH TGLN System Access Request Form is not required for SFTP password resets.
To request an SFTP password reset, e-mail**oh-tgln\_servicedesk@ontariohealth.ca** directly.

# **iTransplant Access**

iTransplant is the core system that supports donor management, including donor identification, assessment, consent and recovery.

|  |  |  |
| --- | --- | --- |
| **Action Requested** |  | **Access Level (select only one option**) |
| [ ]  New Account*If you do not have an iTransplant account, select this option and indicate the access level required.* | [ ]  Administrator (Clinical)[ ]  Education/Professional Practice[ ]  HD (Hospital Development)[ ]  Informatics[ ]  Quality Specialist[ ]  SRC[ ]  HRR[ ]  Serology Lab[ ]  EBCOD[ ]  Privacy | [ ]  OTDC  [ ]  Clinical Responder  [ ]  Full Time [ ]  Part Time/Casual[ ]  IT/IS[ ]  IC – Organ[ ]  IC – Tissue[ ]  RTC & CSC[ ]  TC[ ]  TRC[ ]  Other, same access as… |
| [ ]  Modify Existing Account*If you already have an iTransplant account, but wish to modify existing privileges, select this option and indicate the access level required.* |
| [ ]  Disable Account*If your iTransplant account needs to be disabled, please select this option.* |
| Comments: |

|  |
| --- |
| **Preferred Effective Date:** Click here to enter text |
| **OATS, SFTP and iTransplant Access Agreement** |
| * Users who are permitted to use OATS, SFTP and iTransplant must not share user IDs or passwords with anyone.
* Access to OATS, SFTP and iTransplant may be monitored and audited.
* All users are subject to the terms in OH TGLN’s Privacy Policy and related IT policies.
* Access to records in OATS, SFTP and iTransplant should be limited to only those records required for the purposes of entering/updating donor and recipient information.
* Access to OATS, SFTP and iTransplant is provided by OH TGLN only for the purposes for which the user is authorized through this form, in the course of his or her duties in relation to organ donation/transplantation. Any other use of information without the express permission of OH TGLN is prohibited and may result in a termination of the user’s access to OATS, SFTP and iTransplant, termination of the user’s relationship with OH TGLN, or both.
 |
| I, **Applicant Name**, have read and agree to the applicable OATS, SFTP and iTransplant access conditions outlined in the agreement above.  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Click here to enter date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Applicant Signature** | **Date** |
|  |
|  |
| First Name Last Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Manager Name** |
|  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Click here to enter date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Manager Signature** | **Date** |

**OH TGLN SERVICE DESK USE ONLY**

Based on the information requested in this access form, please identify which distribution and/or user access lists require updating:

[ ]  OATS Distribution List [ ]  iTransplant Distribution List

[ ]  SFTP User Access List