NATIONAL TRANSPLANT PROCUREMENT MANAGEMENT
NTPM Web Application
AUTHORIZATION LIST

Centre Name: _____

Region coverage: _____

*If you forget your password, the password will be sent
to your handphone and/or Email address

#	Name	Designation	User Name	#User Group	*Handphone Number	*Email Address	Signature

Access right by user group:

1.	TOP team	Own Centre's data - Donor Information form only
2.	Regional (RTPU)	Own Region's data - Donor information form, Donor management form and Procurement form only
3.	NTPMU	All data and all forms. Able to verify data.

_____   _____
Signature of the Doctor / Person in Charge   Date

**Please fax the completed copy to NTPM Manager at Tel: 03-2681 0680
Tel: 03-2681 0681