

WISCONSIN DONOR REGISTRY RECOVERY ORGANIZATION USER ACCESS REQUEST

Completion of this form is required to look-up individuals in the Organ & Tissue Donor Registry

Instructions:

- a. Users must obtain a Web Access Management System (WAMS) ID. Use <https://health.wisconsin.gov/edas/servlet/Home> to logon to the WAMS home page. Click on the self-registration link to create a new account OR use the other options on this page for subsequent account maintenance.
- b. The recovery organization must submit this form for their organization. Return it to DHS via email or fax. E-mail to Martha.mallon@dhs.wisconsin.gov or fax to Attn: Martha Mallon, Fax: 608-266-8925.

1. Select one of the following:		2. Submission Date:
<input type="checkbox"/> Register Recovery Organization and activate user(s)	<input type="checkbox"/> Remove User(s)	
<input type="checkbox"/> Add User(s) for Previously Registered Organization	<input type="checkbox"/> Change User Profile	
3. Name – Recovery Organization		
4. Name – Recovery Organization Director (Last, First, MI)		5. Position/Title – Director
6. Address (Street, City, State, Zip)		
7. Telephone No. – Director	8. E-mail – Director	9. WAMS ID – Director
10. FEIN Number – Organization		

Register the Donor Registry users for which your organization is authorizing access. Each user must also have a registered WAMS ID. You may register up to four users at a time. If you would like to remove a user, select "Remove User" in part e.

11a. Name - User (Last, First MI)		11b. WAMS ID - User	
11c. Telephone Number - User		11d. E-mail - User	
11e. User's Role as it relates to Donor Registry <input type="checkbox"/> Supervisor <input type="checkbox"/> Donation Professional <input type="checkbox"/> Remove User			
12a. Name - User (Last, First MI)		12b. WAMS ID - User	
12c. Telephone Number - User		12d. E-mail - User	
12e. User's Role as it relates to Donor Registry <input type="checkbox"/> Supervisor <input type="checkbox"/> Donation Professional <input type="checkbox"/> Remove User			
13a. Name - User (Last, First MI)		13b. WAMS ID - User	
13c. Telephone Number - User		13d. E-mail - User	
13e. User's Role as it relates to Donor Registry <input type="checkbox"/> Supervisor <input type="checkbox"/> Donation Professional <input type="checkbox"/> Remove User			
14a. Name - User (Last, First MI)		14b. WAMS ID - User	
14c. Telephone Number – User		14d. E-mail - User	
14e. User's Role as it relates to Donor Registry <input type="checkbox"/> Supervisor <input type="checkbox"/> Donation Professional <input type="checkbox"/> Remove User			

WISCONSIN DONOR REGISTRY RECOVERY ORGANIZATION USER ACCESS REQUEST INSTRUCTIONS

The Wisconsin Donor Registry will allow authorized users to see if an individual said “yes” to donation when asked as part of the application process for a driver’s license or State ID card. All Wisconsin organ, tissue and eye recovery organizations along with LifeSource organ procurement organization in Minnesota and the Lions Eye Bank of Minnesota are eligible to access the system. The information obtained will assist donation professionals who approach families about donating the organs and tissues of their loved ones.

As a condition for access to the Wisconsin Donor Registry, the recovery organization agrees to and affirms the following:

1. The organization and any of its employees who are authorized to query the registry shall do so solely for the purpose of determining whether an individual who is near death or is recently deceased has a record of gift or record of intent recorded in the registry.
2. The organization will maintain the confidentiality of any donor information obtained through access to the registry.
3. The organization will only permit individuals access to the registry who have submitted to a criminal background check through the Wisconsin Department of Justice and are not disqualified thereby from accessing Department of Transportation records.
4. The organization will train each individual who is given access to the registry in the proper use of the registry and the need to maintain the confidentiality of registry data.
5. The organization will obtain from each employee who is authorized to access the registry a signed agreement that the employee will use the registry solely for the purpose of determining whether an individual who is near death or is recently deceased has a record of gift or record of intent recorded in the registry and that the employee will maintain the confidentiality of registry data.
6. The organization will remove registry access from any individual who is no longer employed by the organization, whose duties no longer include determining whether a person is included in the registry, or whose access the Department has asked be removed.
7. The organization shall make a reasonable inquiry whether an individual who has a record of gift or record of intent has executed another record of gift or intent that limits or extends the uses of the anatomical gift made by means of the registry.

INSTRUCTIONS FOR COMPLETION:

1. Select the reason for completing the Donor Registry Access Request. First time registrants should select “Add Recovery Organization and Activate User ID(s)”. Previously registered organizations with active users may select to “Add User(s)”, “Remove User(s)”, or “Change User Profile” for either the organization or the users. Select only one option per request.

2. Date of submission: Provide the date of the request submission

3 – 9. Recovery Organization Director Contact Information: Provide contact information, including street address, city, state, zip code, county, telephone number, and e-mail address. This individual must obtain a Web Access Management System (WAMS) ID before using the donor registry. To obtain a WAMS ID go to <https://health.wisconsin.gov/edas/servlet/Home> and complete the self-registration process.

10. FEIN Number: Provide the contract agency’s Federal Employee Identification Number (FEIN).

11a. – 14e. Register Users: Up to four users may be registered per request. For each user, complete the contact information in parts a-d. Each user must have his or her own assigned WAMS ID. To remove a user, complete the user information (a-d) and select “Remove User” in part e.

When complete, return request to BCHP via email or fax, Attn: Martha Mallon,
E-mail: Martha.mallon@dhs.wisconsin.gov or Fax: 608-266-8925.