DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-43026 (Rev. 08/2015)

STATE OF WISCONSIN
Organ and Tissue Donor Program
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WISCONSIN DONOR REGISTRY
USER ACCESS REQUEST

Completion of this form is required to authorize individuals to use the Donor Look-up and the Swipe for Life applications.

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 of fax to Attn: Martha Mallon, Fax: 608-266-8925.

1. Select one of the following:	2. Submission Date:
☐ Register Recovery Organization and activate user(s) ☐ Remove User(s) ☐ Add User(s) for Previously Registered Organization ☐ 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

List the users and role(s) for which your organization is requesting access. Each user must also have a registered WAMS ID.. 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. Role(s) Requested ☐ Donor Look-up ☐ Swipe for Life ☐ Remove User	11f. DOJ Background Check Completed ☐ (For Donor Look-up users)
12a. Name - User (Last, First MI)	12b. WAMS ID - User
12c. Telephone Number - User	12d. E-mail - User
12e. Role(s) Requested ☐ Donor Look-up ☐ Swipe for Life ☐ Remove User	12f. DOJ Background Check Completed ☐ (For Donor Look-up users)
13a. Name - User (Last, First MI)	13b. WAMS ID - User
13c. Telephone Number - User	13d. E-mail - User
13e. Role(s) Requested ☐ Donor Look-up ☐ Swipe for Life ☐ Remove User	13f. DOJ Background Check Completed ☐ (For Donor Look-up users)
14a. Name - User (Last, First MI)	14b. WAMS ID - User
14c. Telephone Number – User	14d. E-mail - User
14e. Role(s) Requested ☐ Donor Look-up ☐ Swipe for Life ☐ Remove User	14f. DOJ Background Check Completed ☐ (For Donor Look-up users)

WISCONSIN DONOR REGISTRY
USER ACCESS REQUEST INSTRUCTIONS

In accordance with Wis. Adm. Code DHS chapter 137.01, the Department operates and maintains the Wisconsin donor registry as a means for individuals to make anatomical gifts and as a means for procurement organizations to determine whether individuals are organ, tissue, and eye donors. Two registry applications require users to have specific authorization: the Donor Look-up and Swipe for Life. The Donor Look-up application allows authorized employees of procurement organizations to access the registry for the purpose of determining whether an individual at or near death is included in the registry as having a record of gift or record of intent. The Swipe for Life application allows the user to use a mobile device to scan a driver's license to add an individual's name to the registry.

As a condition for access to the donor registry applications, the 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 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 to access the Donor Look-up application that 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 Donor Look-up in the proper use of the Donor Look-up and the need to maintain the confidentiality of registry data.

5. The organization will obtain from each employee who is authorized to access the Donor Look-up a signed agreement that the employee will use the registry application 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 or, at the request of an individual, for adding a name to the registry, and that the employee will maintain the confidentiality of registry data.

6. The organization will remove registry application 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.

8. The organization shall instruct users of the Swipe for Life application to make a reasonable comparison of the driver's license/state ID card to the individual

INSTRUCTIONS FOR COMPLETION:

1. Select the reason for completing the User 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 application. 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. – 14. **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. Check box in part f to indicate user cleared by DOJ background check.

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.