Annex No. 4

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*(University / Institution / Organization)*

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*(Faculty, Year, Group)*

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*(Name, Surname, Personal code)*

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*(Phone number, E-mail address)*

To: Head of the Department of Information and Technology

at the Hospital of Lithuanian University of Health Sciences Kauno klinikos

**REQUEST FOR PERMISSION**

Regarding personal access to hospital information systems

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Hereby I request to provide personal access to the hospital information systems.

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| --- | --- | --- | --- |
| Information system (IS) | Permit to use IS to be granted from | Signature of the responsible for IS and list of permitted rights | Note and mark from IS administrator |
| Hospital information system (HIS) |  |  |  |
| Central archives of medical images *(Cedara ir MedDream PACS)* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| *(Signature)* |  | *(Name and Surname of Student)* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| *(Research study supervisor name, surname, signature and date)* |  | *(IS administrator name, surname, signature and date)* |

Hereby I confirm that I obtained the personal access data:

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
|  |  | *(Name and Surname of Student, signature and date)* |