Annex No 4

|  |
| --- |
| University / Institution / Organization  Enter Here |
| Faculty, Year, Group  Enter Here |
| Name, Surname  Enter Here |
| Phone number, E-mail address  Enter Here |

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

Date

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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) | Date |  |  |
| Central archives of medical images (Cedara ir MedDream PACS) | Date |  |  |
| The confidentiality of the research study will be assured according to the regulations of the law on the rights of patients and compensation of the damage to their health. Only summarized results of the research study will be published.  The Center of Bioethics at the Lithuanian University of Health Sciences has reviewed and approved the study protocol. | | | | |

|  |  |  |
| --- | --- | --- |
| Enter Here |  |  |
| Name and Surname of the Student |  | Signature |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 the Student |  | Signature and date |