

AUTHORIZATION LIST

SDP Centre Name:

Site Code:

#	Name (to print)	Designation (as in registry)	* Registry Specific Procedure Responsibilities	Contact No. (Hand phone Only)	Signature	Remarks

*** Registry Specific Procedure Responsibilities**

1. View patient record
2. Add new and edit patient record
3. Request to delete patient record
4. View Centre Report
5. View Centre Statistics Report
6. View Registry Statistics Report
7. Download patient record
8. View Data Query Report

 Signature of the Person / Doctor in Charge

 Date