|  |  |  |  |
| --- | --- | --- | --- |
|  | **National Renal Registry** | *For office use:* |  |
| **Malaysian Society of Nephrology** | *Telephone:* | 603-22763686  603-22763687 |
| **Malaysian Kidney Allocation System (MyKAS) Transplant Centre Registration Form (Borang 8)** | *e-mail* | [nrr@msn.org.my](mailto:nrr@msn.org.my) |

*The accessible to* ***MyKAS National Active Waiting Listing****:*

* *Your are authorised to the access of the MyKAS National Listing.*
* *You shall be responsible and careful as your update via this module; it will have the impact on the patient listing status.*
* *The eNRR application agreement at your ”First Time Login” to be observed whenever you access to eNRR.*
* *Whenever there is change in your information do inform [nrr@msn.org.my](mailto:nrr@msn.org.my) using ’Borang 6’ <https://www.msn.org.my/enrr/fwbPage.jsp?fwbPageId=zAu_RegistrationForm> :*
* *Your access right shall be ended by entering the [Date end] at the [Centre Management] >>> [Staff]- by you, authorise person or NRR office.*

# **1 Your affiliated centre information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Transplant Centre Information: | | | | | | | | | |
| **Name of Transplant centre:** | | | |  | | | | | |
| **Centre Address*:*** | | | |  | | | | | |
| Postcode: |  | City/Town: | | |  | | State: | |  |
| Tel (1) |  | | Tel (2) | |  | e-mail: | |  | |

**2 National Transplant Centre staff information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1) Doctor :** | | | | |  | |  |
| ***Name:*** |  | | | | *Mykad No:* |  | |
| *Mobile phone:* |  | *e-mail address:* |  | | | | |
| Nephrologist | | Nephrology trainee | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.2) Paramedics :** | | | |  | |  |
| Name: |  | | | *Mykad No:* |  | |
| *Mobile phone:* |  | e-mail address: |  | | | |
| Registered Nurse | | Registered Medical Assistant |  | | | |
|  |  |  |  | | | |

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| --- |
| Remarks: |

***I here confirmed that the above named should be given access to MyKAS National Listing:***

|  |  |
| --- | --- |
| Name of Authorise person (Nephrologist in-charge): |  |

***Important!***

1. *For your Personal Data Protection (PDPA), please encript this document with “****Password****” before return to* [nrr*@msn.org.my*](mailto:nrr@msn.org.my) *. Inform / Disclose the “****Password****” in another separate subsequent e-mail; Do not attach this document please.*
2. *Please notify whenever your new posting site to facilitate update of your centre.*