

New Registration and Change of Owner – For End Users

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1 Introduction

This document provides you, the end user, with the information required to either register a new location with SecurMed, or provide us the relevant details so that a Change of Ownership can be completed, allowing us to grant you legitimate access to the UKNI Medicines Verification System (UKNI MVS).

All End Users are required to enable access using a (built or procured) software solution. Emergency access via the GUI is enabled using the same credentials.

2 Terminology

Below is a description of the common terminology used in this document.

<i>Terminology</i>	<i>Description</i>
Arvato	Arvato Systems GmbH, SecurMed's Blueprint Service Provider
CRM	SecurMed's CRM system
DDL	Drop Down List – used in several fields for data entry
FMD	Falsified Medicines Directive
GUI	Graphical User Interface
UKNI MVS	Northern Ireland's Medicines Verification System
NMVS	National Medicines Verification System
SCM	SecurMed
EULA	End User Licence Agreement

3 New Registration and Change of Owner

3.1 New Registration

If the location has never been registered with SecurMed previously, and is licensed with a regulatory body, then download the End User Registration Form from our website and complete all the fields. Descriptions of the fields and the information required can be found in Section 4.0 of this document.

Once you have complete the form, save it with a suitable name e.g. location_registration.doc and email it to help@securmed.org.uk. You will receive an automatic notification of receipt and be allocated a Case Reference. We will use this case to communicate with you regarding your application, until its completion.

SecurMed will verify your registration and communicate with you on completion of this process, or if any clarification is required.

Once authorised to proceed, we will issue credentials to you to enable you to access the UKNI MVS. These consist of:

- a password; which will be posted to the location
- A TAN (certificate); which will be emailed to the MVS Contact
- A Username; which will be posted to the location.

You will need all three items before you can attempt to access the UKNI MVS.

You will also need to inform your software supplier of your UKNI MVS credentials so they can be synchronised with the software. Do this as the final step, before attempting to scan.

3.2 Change of Ownership

If you have recently taken ownership of a location which was previously registered with SecurMed, you should contact us to let us know via email to help@securmed.org.uk.

If you are the current owner and intend to sell, please let us know via an email to help@securmed.org.uk, informing us of your intention to sell and the new owner details.

SecurMed will verify the legitimacy of the change with the registered body and can only proceed with the change of ownership once the registered body is updated with the new owner details. Once this verification process has been successfully completed, we will issue new credentials to the new owner..

If you are the new owner or intended new owner, follow the same process for New Registration as described in 3.1 and we will be in contact to verify the details.

4 Data field definitions and purpose

Please complete the End User Registration Form according to the descriptions provided below.

Field name	Format	Definition	Purpose
Details of End User Location			
New Registration or Change of Owner	Mandatory – DDL	Is this the first time the location is being registered or is it to notify of a change of owner	Used to identify the process for SecurMed to follow
Name of Organisation / Location	Mandatory free text	As it appears in the appropriate regulatory register (e.g. PSNI/NI	Used as part of access authentication and verification.

Field name	Format	Definition	Purpose
		Direct/MHRA) for the location	
Legal Entity	Mandatory free text	E.g. Parent organization / or if different from above.	Used as part of access authentication and verification.
Location Address	Mandatory free text	The location from which medicines are being dispensed. MUST include a valid postcode.	Used as part of access verification and for credentials sent by post.
Country	Auto-populated	The UKNI MVS is for Northern Ireland locations only	
Your Contact Details (referred to as the Requestor):			
Full Name	Mandatory free text	First name and Surname	Used by SecurMed Support for contact
Job Title	Mandatory free text	Relevant job title	Used by SecurMed Support for contact
Email	Mandatory email format	Your personal company email address	Used by SecurMed Support for contact
Business Telephone no.	Mandatory numeric	Your preferred telephone number	Used by SecurMed Support for contact
Registration Information			
End User Location Function:	Mandatory DDL	What type of business is conducted at this location: Wholesaler, Pharmacy etc.	Defines which transactions are assigned to the End User.
Professional / Sectoral Body	Mandatory DDL	The body with which the Location is registered.	Used as part of access authentication and verification.

Field name	Format	Definition	Purpose
Registration ID	Free text	Unique number assigned by registering body to the Location	Used as part of access authentication and verification.
Location ID	Free text	Unique number assigned by registering body to the Location	Used as part of access authentication and verification.
FMD Software Details			
Software Supplier name	Mandatory free text	Software Supplier name as used on SMS Arvato portal.	The software needs to have passed testing on the Arvato SMS portal to progress registration. This is checked by SecurMed. We will contact the Requestor by email if the information supplied is not sufficient or software/name/version has not passed testing.
Software name	Mandatory free text	Software name as used on SMS Arvato portal.	
Software version	Mandatory free text	Software version as used on SMS Arvato portal.	
Other Contact Details (required)			
End User Location Contact			
Full Name	Mandatory free text	First name and Surname - a suitable name to address postal correspondence sent to registering address. (This person does not have to work at this address).	Used for addressing credentials sent by post and for confirming legitimacy to communicate with caller / email requests into SecurMed Service Desk
Job Title	Mandatory free text	Job title within the company for which this application is being made.	Used by SecurMed Support for contact
Email	Mandatory email format	Preferred company email	Used for sending credential information and for confirming legitimacy to

Field name	Format	Definition	Purpose
			communicate with caller / email requests into SecurMed Service Desk
Business Telephone no.	Mandatory numeric	Preferred business contact number	Used by SecurMed support for contact.
UKNI MVS contact			
First name	Mandatory free text	The name of the person who should receive system messages by email (can be the same as previous named roles).	Used by system to send emails including Password change reminders.
Last name	Mandatory free text	The name of the person who should receive system messages by email (can be the same as previous named roles).	Used by system to send emails including password change reminders.
Email	Mandatory email format		Used by system to send password change reminders.
Business Telephone no.	Mandatory numeric	Optional	Used by SecurMed support for contact.

Once you have completed the form, please save it and return to us via email to help@securmed.org.uk.

On receipt we will process the form and respond to you within 5-7 working days.