

Pyxis Access Form

Your User ID and password for the Pyxis ES MedStation and Pyxis Anesthesia System will be your Active Directory log-in (same as your computer/APeX user ID and password). It will be used to access patient medications on your assigned patient care area. You will be accountable for all transactions performed under this User ID and password/Bio-ID.

Please read the following statement and sign at the bottom to verify that you have read and understand the statement:

The User ID and password will be used to register my Bio-ID. I understand that in combination with my User ID and Bio-ID, this will be my electronic signature for all transactions to the Pyxis ES MedStation System and Pyxis Anesthesia System and no other retrievable record of my password exists. It will be used to track all of my transactions on the MedStation and/or Anesthesia System and will be permanently attached to those transactions with a time-stamp and date. These records will be maintained and archived as per the policies of this health-system and be available for inspection by the Drug Enforcement Administration (DEA), the State Board of Pharmacy, and other applicable regulatory, oversight and law enforcement agencies as is presently done with my handwritten signature for controlled substance records. I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

ALL FIELDS BELOW ARE REQUIRED. PHARMACY WILL NOT PROCESS INCOMPLETE FORMS. WRITE LEGIBLY.

Employee's Signature: _____ Date: _____

Employee's Last Name: _____ First Name: _____

Computer/APeX Log-in ID: _____

(Employees will need to use their computer/APeX Log-in ID and Password for Pyxis ES)

Campus: (select all that apply)

Parnassus Mission Bay Mt Zion Ortho Institute LPPI Others: _____

Role: (select one)

Staff RN RN Manager Student RN LVN RT MA

Perfusion Physician No Narcs Physician w/ Narcs (requires additional approval) Anesthesiologist

Pharmacist Pharmacy Tech Pharmacy Tech Extern NP Willow

OR Tech (med competency completed) **Others:** _____

Nursing Unit/Clinical Area where Pyxis access is needed: OR areas _____

(Indicate all areas that apply or specify the Pyxis names)

Manager/Supervisor Section:

1. Managers/Supervisors are responsible for ensuring the completion and record keeping of the original form with the employee's signature. The manager will e-mail the completed form to

Pharmacy-Pyxis@ucsfmedctr.org. Allow 48-72 hours to process.

2. Managers/Supervisors will also need to submit an ARF with UCSF IT and check "Pyxis" on the available applications.

Manager's Full Name: _____ Phone# _____

(NOTE: You cannot request access for yourself)

Manager's Signature: _____ Date: _____

Pharmacy will e-mail the manager once access has been granted.

For questions, please e-mail Pharmacy-Pyxis@ucsfmedctr.org

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