BRITISH COLUMBIA | Ministry of Health

NOTIFICATION OF ADDITION/REMOVAL OF AUTHORIZED USERS

HLTH 5510 Rev 2020/12/07

Project Title	Agreement Number
Primary Project Contact/Applicant	Organization

FULL NAME	POSITION (e.g. your title in your signature block)	ROLE (e.g., e.g. Data Linkage, Processing & Analysis)	ADD OR REMOVE	AFFILIATED ORGANIZATION	EMAIL ADDRESS	ACCESS TO PI
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No
			◯ Add ◯ Remove ◯ Existing			◯ Yes ◯ No