



User Registration and Role Request

BloodSTAR User Registration is a two-part process comprised of:

- A. **BloodPortal User Registration** Creating a single username and password for all NBA systems
- B. **BloodSTAR Role Request** Requesting a role and location for access to your facility including the status of access requests.
- 1. Go to <u>www.blood.gov.au</u> and click on Blood Portal login in the top right corner.



2. Login with your BloodPortal username and password. If you do not have an account already, please select the **New User? Create an account** link next to the login button.

| BLOODpo | ortal 모 |
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| By signing in to BloodPortal you | accept the Terms & Conditions. |
| Sign in to BloodPortal to access systems including Australian Blee BloodNet, BloodSTAR and Jurisdicti click here. | the National Blood Authority ICT ding Disorders Registry (ABDR), onal Reporting. To access MyABDR |
| Email or Username | |
| 1 | |
| If you enter the incorrect information 3 minutes. | times your account will be locked for 5 |
| Agree to Terms & Co | nditions and Sign In |
| Forgot password? | |
| Unlock account? | |
| New user? Create an account | |
| For support, call 13 000 BLOOD (13 000 25 | i663) or email <u>support@blood.gov.au</u> |
| Home Privacy Help | |

If you are creating a new account, please remember:

- You only need **one** BloodPortal account (covering all NBA systems) if you practice in multiple locations, you can apply for access to specific applications at multiple locations using the one BloodPortal account.
- Your mobile phone number and email address are used for automated password resets and must be unique.
- If you are unable to register using your preferred email or mobile number it may be because you have an existing BloodPortal account. Please call the Support team.





Last modified: November 2024

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3. Click on the **BloodSTAR** tile.



4. Select the **My Account** drop down menu and select **My Access** to request additional access.



5. Select Add role to Access Request which will prompt a pop-up window.



If you are a Nurse Practitioner, you can submit an access request as a Medical Officer.



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6. All mandatory fields will need to be completed then select Save.

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Please note: Once you've added your AHPRA number, BloodSTAR will confirm the details related to the number with you. If they are correct, select the checkbox confirming the AHPRA details are correct and belong to you.

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|---|--|---|--|
| Given Name | and the second sec | | |
| Family Name | | | |
| Role * | Medical Officer | • | |
| AHPRA Registration number * | - Marcalana - | | Search AHPRA website |
| Facility * | 12 August Martin and Martin | Cannot find facility in | n list O |
| Backlas Villa | INCOL | | |
| Confirm AUDDA Desistration De | anile. | | |
| Confirm APPRA Registration De | talls | | |
| | | | |
| Full Name: | the second s | | |
| Full Name: Specialities: | Physician (General medicine). Pathology (Haematology) | | |
| Full Name: Specialities: Date of First Registration: | Physician (General medicine). Pathology (Haematology) | | |
| Full Name: Specialities: Date of First Registration: Place of Practice: | Physician (General medicine). Pathology (Haematology) | | |
| Full Name: Specialities: Date of First Registration: Place of Practice: | Physician (General medicine). Pathology (Haematology) | me. 😋 AHPRA details confirmati | on is mandatory |
| Full Name: Specialities: Date of First Registration: Place of Practice: Contact Details | Physician (General medicine). Pathology (Haematology) | me. 🚱 AHPRA details confirmati | on is mandatory |
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| Full Name: Specialities: Date of First Registration: Place of Practice: Contact Details The following contact details will be populated on Please enter contact details that provide the best i | Physician (General medicine). Pathology (Haematology) | me. • AHPRA details confirmati eating Medical Specialist or Requesti iation request. | on is mandatory ng Medical Officer. |
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| Full Name: Specialities: Date of First Registration: Place of Practice: Contact Details The following contact details will be populated on Please enter contact details that provide the best i Email Address * Phone * Mobile | Physician (General medicine). Pathology (Haematology) I confirm these AHPRA details are correct and belong to a outhorisation requests where you are nominated as either the Tri means of contact for an outhoriser needing to discuss an authorise | me. S AHPRA details confirmati eating Medical Specialist or Requesti lation request. | on is mandatory |

7. If you work at multiple locations, select the **Add role to Access Request** to submit another access request prior to submission. If you do not work at multiple locations, proceed to the next step.

| My Access Request | | |
|--|--|-----------------|
| | | |
| Step 1 of 3 - Add roles to Access Request + Add role to Access Request Add a role for each facility at which you prescribe or administer im- | munoglobulin. | |
| Role | Facility | |
| Medical Officer | the address of the part of the | × <u>Remove</u> |
| | | |





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8. You *must read and accept* the BloodSTAR terms and conditions before the access request can be submitted. Once read and accepted, select **Submit**.

 Step 2 of 3 - BloodSTAR User Terms and Conditions

 • The BloodSTAR User Terms and Conditions are important to ensure that information in BloodSTAR is submitted correctly, that users accessing BloodSTAR are authorised and that BloodSTAR information is not used or disclosed for unauthorised purposes.

 • In completing this form you agree to comply with the BloodSTAR User Terms and Conditions. Each time you log on you will also acknowledge obligation to comply with applicable BloodSTAR User Terms and Conditions may lead to user status being withdrawn or other consequences.

 • Failure to comply with applicable BloodSTAR User Terms and Conditions may lead to user status being withdrawn or other consequences.

 • Click here to read and accept user terms and conditions.

 The BloodSTAR User Terms and Conditions.

 The BloodSTAR User Terms and conditions.

 Step 3 of 3 - Submit Access Request

 • Step 3 of 3 - Submit Access Request

 • Submit

 • This Access Request must be submitted before it is sent for approval.

9. A green notification will show at the top of the Access Request History page to advise the access request/s has been submitted and pending the approval of your Facility Administrator (staff at your facility). You will receive an email when your request has been approved.

| Access | Access Request History | | | | | |
|--------|----------------------------|-------------------------------|---|--------------------------|-------------------------------------|----------|
| A | Your user acc approved. | ess request(s) have been subr | nitted to the facility administrator for appr | oval. You will receive a | an email when your request has been | <u>×</u> |
| | | | | | | |
| Reque | st Date | Role | Facility | Status | NSW Access Request Form | |
| 06-Aug | 3-2024 | Medical Officer | NOR-INCIDE 1 | Approved | | |
| 06-Aug | g-2024 | Nurse/Midwife | Table Two Facility | Approved | | |
| 08-Aug | g-2024 | Medical Officer | the and encountry built | Pending | | |
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10. The Access Request History page will have a table of your access request history and the status for each request with notes.



Please note: When a user's AHPRA registration status changes to **unregistered**, the system will automatically deactivate the user's roles. For any AHPRA queries, please contact AHPRA on 1300 419 495.

| ccess History | | | | |
|------------------|----------|---------------|-----------------------------|--|
| Role Description | Status | Position | Facility | Notes |
| Medical Officer | Inactive | Haematologist | des letting da | Deactivated due to AHPRA registration change. Contact AHPRA for further details. |
| Medical Officer | Inactive | Haematologist | Operation Processing | Deactivated due to AHPRA registration change. Contact AHPRA for further details. |
| Medical Officer | Inactive | (and | Catary Inser Private Regist | |

If you are unable to follow up your request with your Facility Administrator, please call Support on 13 000 BLOOD (13 000 25663) for assistance with this process.



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