

Alberta Vaccine Inventory (AVI) Facility and User Change

Indicate the Zone you're currently located in

Find your Zone here

<http://www.albertahealthservices.ca/zones/zones.aspx>

Please fax completed form to _____ (Will pre-fill when Zone information is completed)

Facility Information *(All 3 fields are required for any change)*

Name

AVI PIN # *(top right corner of "Create/View Orders" screen)*

City/Town

Facility Changes *(check all items that are changing and fill in the new information)*

Name

Physical Address

Shipping Address

Phone

Fax

User Information Change *(maximum of 5 users per site)*

Add New User

First Name

Last Name

Email

Phone *(with extension if applicable)*

Remove User

First Name

Last Name

Modify Existing User

Name currently in AVI system *(must be completed if modifying the user)*

Modify Name

Changed to

Modify Email

Current

Changed to

Modify Phone

(with extension if applicable)

Current

Changed to