

University of Colorado Hospital  
PYXIS Password Verification Statement

PRINT NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**I AGREE TO THE FOLLOWING:**

1. The ID assigned in combination with the password/ BIO ID selected is my electronic signature. It will be used to track **ALL** my transactions on the PYXIS medstation (s). **I WILL NOT SHARE MY PASSWORD WITH OTHERS.**
2. By signing this form, I agree to abide by the policy and procedures for PYXIS medstation system now in place and comply with those as published at a future date, and I have read a current copy of the policy and procedures.
3. I will attempt to resolve any discrepancies immediately and report any unresolvable discrepancies to the charge nurse.
4. I will complete competency training for PYXIS medstation.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

The remainder of the form **MUST** be completed by a Director / Manager / Educator / Supervisor

New employee without previous Pyxis access (complete sections ONE and TWO)

Existing employee requesting new Pyxis access (complete section THREE)

**Section ONE** (Please circle the user access level)

RN	CHARGE RN	EDUCATOR	NURSE MANAGER / DIRECTOR	
MD	RESPIRATORY	MA	BURN TECH	RADIOLOGY TECH
CRNA	PHARMACIST	LPN	PHARMACY TECH	OTHER _____

NURSING STUDENT: Length of Access = \_\_\_\_\_

RN TRAVELER: Length of Access = \_\_\_\_\_

RN AGENCY: Length of Access = \_\_\_\_\_

**Section TWO** (Document areas that the user will have access to)

Area 1: _____	Signature: _____	Ext: _____
Area 2: _____	Signature: _____	Ext: _____
Area 3: _____	Signature: _____	Ext: _____
Area 4: _____	Signature: _____	Ext: _____
Area 5: _____	Signature: _____	Ext: _____
Area 6: _____	Signature: _____	Ext: _____

**Section THREE** (only for existing users requesting new access, i.e. transferring units)

Delete Pyxis access to **prior** Areas: \_\_\_\_\_

Add Pyxis access to **new** Areas: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Ext: \_\_\_\_\_

**Send completed form directly to pharmacy via fax at ext. 84180** (Attention PYXIS System Specialist).

Contact the PYXIS System Specialist if you have any questions at 266-2636 or 266-5148.

Entered in Pyxis by: \_\_\_\_\_ Date: \_\_\_\_\_

