

**PYXIS USER FORM**

Below is a copy of your User ID and password for the Pyxis MEDSTATION System. It will be used to access patient medications on your assigned nursing unit. It is your responsibility to keep your password secret. You will be accountable for all transactions performed under this User ID and password.

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

Below is a copy of my password to the Pyxis MEDSTATION System. I understand that in combination with my User ID code, this will be my electronic signature for all transactions to the MEDSTATION System, and no other retrievable record of my password exists. It will be used to track all of my transactions on the MEDSTATION 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 hospital, and be available for inspection by the Drug Enforcement Agency (DEA) and the State Board of Pharmacy, 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.

**Administrative Nurse and or Manager Section:**

Managers are responsible for ensuring the completion and record keeping of the original form with the employee's signature. Manager will attach this completed document and send it electronically to pharmacy representatives, Pharmacy-Pyxis@ucsfmedctr.org. **Please allow 48-72 hours to process.**

For managers who are unable to send completed form by email, please scan completed Pyxis User form using Pyxis Connect or Fax forms to 353-8541 (Parnassus) or 885-7716 (MZ).

**Signature of Pyxis User:** \_\_\_\_\_  
(User's manager/supervisor keeps signed copy)

**Today's Date:** \_\_\_\_\_

**Pyxis User ID:**  
(use NT log-in, i.e. smithw, max 10 characters) \*Pharmacy will email you a new ID if duplicates in the system)

**Initial Password:**  
(use the last 8 digits of the employee ID and user will be prompted to change to a password that is 7-8 characters in length during initial log-in)

**User's Name:** \_\_\_\_\_

**Date when Contract Ends:**  
(when applicable i.e. travelers, temp. employees)

**Nursing Unit/Area:** \_\_\_\_\_

**User Privileges:** (select from below)

- ☐ Inpatient ☐ Outpatient  
☐ RN ☐ Traveler RN ☐ Resource Team RN ☐ Student Nurse  
☐ LVN (with controlled substance access) ☐ LVN (without controlled substance access)  
☐ Respiratory Therapist ☐ Respiratory Therapist Traveler  
☐ Physician ☐ Pharmacist ☐ Pharmacy Technician  
 Others: \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Delays in processing will occur if form is incomplete**

**For PHARMACY USE ONLY**

Instructions: Please input data below and save into shared drive. Save file to Pyxis user's User ID

**Imputer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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