UCLA Health System
Pharmaceutical Services

Pyxis Medstation and CAdmin ID/Password Assignment

Attestation:

I understand my RACF ID (mainframe ID) will be used for access to the Pyxis medstation system (if my job description allows) as well as CAdmin (Electronic Medication Administration Record). I understand that my ID in combination with either my password or my BioID (fingerprint) will be my electronic signature for all of my transactions on the Pyxis medstation and in CAdmin for patient care record keeping purposes. A time and date stamp will be affixed to all of my transactions. The records of my transactions will be maintained and archived as per the policies of the UCLA Health System and will be available for inspection by the UCLA Health System as well as State and Federal regulatory agencies such as the Department of Public Health and the Drug Enforcement Administration (DEA).

I also understand that to maintain the integrity of my electronic signature, I must not and will not give my personal password to any other individual. Unauthorized access, release or dissemination of this information may subject me to disciplinary action. Should I have any suspicion that my personal password has become known to another individual, I will change it immediately and if deemed appropriate will immediately report such to my supervisor.

_____	_____	_____
Signature	Date	RACF ID
_____	_____	_____ [ ] SMH [ ] WWH
Print Name [First and Last]	Job Title (e.g., ACP, LVN, RN)	Department/Unit

Authorization:

Authorized by: _____ _____
Supervisor/Administrator Date

For Pharmacy Use Only

RACF ID: _____

[ ] Entered in Pyxis by: _____ Date: _____

[ ] Entered in CAdmin by: _____ Date: _____

Fax completed form to Pharmacy Administration [x73644]