Service Registration Request

(for all PTL environments)

Contact Details \* Indicates Mandatory Field

|  |  |
| --- | --- |
| Name\* | <name> |
| Organisation\* | <organisation> |
| Mobile / Telephone | M:       | T:       |
| Email\* | <email of person to be contacted> |

What Do You Want To Do?

|  |  |  |
| --- | --- | --- |
| 1 | CREATE, RENEW or DELETE certificates – Complete this page and Section 1 | [x]  |
| 2 | AMEND existing MHS and ASID entries - Complete this page and Section 2 | [ ]  |
| 3 | AMEND existing URL bindings – Complete this page and Section 3 | [ ]  |
| 4 | CREATE a new MHS (an ASID entry will also be created) – Complete this page and Section 2 and Section 3 | [x]  |
| 5 | ADD additional ASID(s) to an existing Party Key – Complete this page and the ‘additional ASIDs’ portion of Section 2.  | [ ]  |
| 6 | ADD new services / messages to an existing MHS – Use an MPV Request Form |  |

Path to Live Environments

(select one or more environments and enter dates of usage as dd/mm/yyyy)

|  |  |  |
| --- | --- | --- |
| Environment | Date From | Date To |
| Integration | [ ]  |       |       |
| Deployment | [ ]  |       |       |
| Training | **[ ]**  |  |  |
| Development | **[x]**  |       |       |

|  |  |
| --- | --- |
| Usage\* | Purpose (max 200 characters) |
|  | e-RS API |

Note:

Environments are restricted by usage. If you are unsure which environments you will be permitted to use please contact a member of the SA Service Desk at sa.servicedesk@nhs.net for advice.

Notes

Section 1

What type of certificate operation do you require?

|  |  |
| --- | --- |
| CREATE a new certificate. - Please generate and send a CSR\* with this form | [x]  |
| RENEW an existing certificate. - Please generate and send a CSR\* with this form | [ ]  |
| DELETE an existing certificate | [ ]  |

\*Certificate Signing Request file with the cn set to the FQDN given below and key length of 2048.

Certificates to be Installed By (if different from contact details)

|  |  |
| --- | --- |
| Name |       |
| Mobile/Telephone | M:       | T:       |
| Email |       |

End-Point Details (you MUST complete both these entries)

|  |  |
| --- | --- |
| Fully Qualified Domain Name | <FQDN> |
| Source IP address | <IP> |

For certificate renewals, please provide the ODS code of the Party Key

|  |  |
| --- | --- |
| ODS Code |       |

Section 2

MHS Details

|  |
| --- |
| Product Set |
| Test ODS code\* | <allocated code> |
| ODS Organisation Name\* | <allocated Org> |
| MHS Name\* |       |
| Manufacturer ODS\* | X26 |
| Manufacturer Product\* | e-RS API Test |
| Manufacturer Version\* | v1.1 |
| Source IP\* | <IP> |

If you don’t know your ODS code please contact a member of the Test Data Team at testdata@nhs.net for advice

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Party Key | ASID | CNST | DOLR | RBAC | Party Key | ASID | CNST | DOLR | RBAC |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |

Notes (max 250 characters)

Additional ASIDs (only use for ASIDs on MHS as above but with a different Product/Version/Org)

|  |
| --- |
| Product Set |
| Test ODS code |       |
| ODS Organisation Name |       |
| MHS Name |       |
| Manufacturer ODS  |       |
| Manufacturer Product  |       |
| Manufacturer Version |       |
| Source IP |       |
| Associated Party Key |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Party Key | ASID | CNST | DOLR | RBAC | Party Key | ASID | CNST | DOLR | RBAC |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |

Notes (max 250 characters)

Section 3

Party Keys and MHS URL Bindings (select one or more services and enter a binding)

|  |  |  |
| --- | --- | --- |
| Party Key | Service | Binding URL |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
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|       |  |       |
|       |  |       |
| GP Summary and PSIS |
|       |  |       |
|       |  |       |
| Health and Clinical Management |
|       |  |       |
|       |  |       |
|       |  |       |
| Non MiM Interactions. Please enter the Interaction Name in the ‘Service’ column below |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |