



**Health Services Executive  
Primary Care Reimbursement Service  
Special Drug Request  
User Registration Form**

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**Before completing this form please read text below and notes on page three:**

- (1) All fields are mandatory unless otherwise stated.
- (2) Please ensure forms are completed correctly in black ink and returned to PCRS.
- (3) The most frequent issues with these forms submitted to PCRS are incorrect completion of the Authorisation Section, illegible entries and missing entries.
- (4) Authorisation of access **must be** performed by the Centres CEO/Delegated person.





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**Notes on this User Registration Request Form:**

1. Only fully completed request forms will be processed. All fields are mandatory unless otherwise stated. **Incomplete forms will be returned to sender by post. Please note that if the “Office Address” is not provided, forms cannot be returned and no further action can be taken by PCRS.**
2. Authorisation Section: Authorised signatory grades for the purpose of this form are at minimum:
  - a. Hospital CEO
  - b. General Manager
3. Certain temporary staff may not have employee numbers. In these cases “Not Available” may be inserted.
4. Completed and signed forms should be scanned, attached and emailed to the Primary Care Reimbursement Service at [cert.info@hse.ie](mailto:cert.info@hse.ie). Alternatively, they can be posted to IT Operations, PCRS, Exit 5 M50, North Road, Finglas, Dublin 11. **Forms will not be accepted by fax.**
5. Only the single point of contact with PCRS should complete this form.