CAIS Access

1. **How do I get access to the Cancer Agency Information System (CAIS)?**

    BC Cancer Employees and BC Cancer Students:
    If you need a CAIS account, please complete the CAIS Access Request Form through your supervisor or submit a request directly via the Service Catalogue.

    Non-BC Cancer Employees:
    Send in a request for CAIS access to cais@bccancer.bc.ca. You will be asked to complete the *CAIS External Access Request Form* (see Appendix) with your supervisor's signature, and submit it back to Clinical Informatics. In addition, the Privacy and Confidentiality course on Learning Hub must be completed before the request can be processed. Once these are completed, a BC Cancer sponsor will sign-off and request for a PHSA Network Account sign-on and CAIS account on your behalf. You can expect to receive access to CAIS within 4 – 6 business days.

    <u>**Note:**</u> A Citrix Account/Remote Access will also be required if you are not on a BC Health Authority network or need to access CAIS remotely. Your BC Cancer Sponsor can also request this access, if it is needed.

2. **Are pharmacy technicians and assistants allowed access to CAIS?**

    Yes, all pharmacy staff members are allowed the same access to CAIS.

3. **I have heard that some of my colleagues are allowed to document in CAIS and use the scheduling function. Can I get access to documentation and scheduling?**

    BC Cancer employees:
    Because of the privacy model for BC Cancer, only BC Cancer employees are allowed full access (read-write) to CAIS.

Non-BC Cancer Employees:

Are allowed to access (read-only) CAIS externally, which does not allow documentation and scheduling.

Note: The satellite sites (Nanaimo, Vernon, Kamloops, Penticton, and Cranbrook) have some BC Cancer employees who are allowed full access (read-write) to CAIS.

4. My CAIS password has expired. Can I get it reset?

BC Cancer Employees:

If your CAIS password expires, please call PHSA at 604-675-4299 or 1-888-675-4299. PHSA Service Desk will do account validation by asking for your name and employee ID.

Non-BC Cancer Employees:

If your CAIS password expires, you need to request a vouch ticket for a password reset through cais@bc.cancer.bc.ca. Vouch tickets have a five business day expiry date.

Note: CAIS passwords expire every 90 days, the same as your network account. Please remember to login to CAIS periodically to keep your password up-to-date.

Updated: October 31, 2022

Appendix A: CAIS External Access Request Form

Provincial Health Services Authority
Province-wide solutions.
Better health.

Cancer Agency Information System
External Access Request Form

BC CANCER

Please complete all Sections. Incomplete applications may not be processed. All forms must be signed.
Email to: cais@bccancer.bc.ca

Section 1: User Information

Last Name	First (preferred)	Middle	Department / Program	Health Authority
				☐ FHA ☐ IHA
Employee ID	**Domain\login** (ex. phsabc\jsmith4)	**Job Title**	**Site / Location**	☐ NHA ☐ PHSA ☐ VCH ☐ VIHA ☐ Other: _____

Relationship to Organization	Reason for Access
☐ Employee	☐ Clinical
☐ Contractor / Consultant	☐ Clinical Support
☐ Physician (non-Lab)	☐ Health Records Admin
☐ Resident Student	☐ Medical Education
☐ Licensed GPO Trainee	☐ Research
☐ Other: _____	☐ Other: _____

Section 2: Access Information

What information does the user require from CAIS?	User Responsibilities:
	Is a Booking ID required? ☐ Yes ☐ No

Equivalent User Name	User Role
Please provide the user name of an employee with the same CAIS access the applicant requires	User role of the employee with the same CAIS access the applicant requires

Section 3: User Authorization

By signing this Access Request Form, you are confirming that all the information you have provided is true to the best of your knowledge and you agree to the Terms of Use set out in Section 5 of this form below. Providing false information or non-compliance with the Terms of Use may result in the immediate termination of your access privileges and further disciplinary action.

Signature	Date

Section 4: Supervisor Information and Authorization

I have determined that the User has a need to know or access the information provided by the access privileges described in Section 2 of this form in order to perform his or her duties as an employee, service provider, contractor or representative of VCH/PHC/FHA/PHSA and I authorize the User to receive such privileges.

Supervisor Name (Last, First)	Job Title / Role	Department / Program	Phone Number

Supervisor Signature	Date	Email Address	

Section 5: Sponrsorship (To be completed by Clinical Informatics)

Sponsor Name (Last, First)	

Signature	Date