# eSUSAR Registration Form

Please note that all data fields are compulsory. If information is missing, the registration form will be returned for completion, resulting in a delay to registration.

1. **Institution Details**

|  |  |
| --- | --- |
| Institution Name |  |
| Institution Address |  |
|  |
|  |
|  |
| Type (Commercial or Non-commercial) |  |

1. **Institution Administrator Details**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Email\* |  |
| House Number or Name |  |
| Address 1 |  |
| Address 2 |  |
| Town/City |  |
| County |  |
| Postcode |  |
| Country |  |
| Telephone Area Code |  |
| Telephone Number |  |
| Telephone Extension |  |
| Job Title |  |
| Qualification (tick one of the following): |  |
| Physician |  |
| Pharmacist |  |
| Other Health Professional |  |
| Lawyer |  |
| Other |  |

\* The email address provided will be used for login to the eSUSAR form and for all correspondence relating to registration.

When all details have been entered, email the registration form to esusar@mhra.gov.uk with the subject line ‘eSUSAR Registration.’ The MHRA’s eSUSAR administrator will complete the registration process within two working days and the new user will receive an email informing them of their login details. A password will be selected by the MHRA’s eSUSAR administrator for temporary use. The new user will be prompted to change this password on first log-in following registration.