

Please fill out this form and email it to [eHSITWorkIntake@eHealthsask.ca](mailto:eHSITWorkIntake@eHealthsask.ca) for the following requests:

- New services and or systems (software and hardware)
- Enhancements or further significant rollouts of existing services and systems
- Net new requests that are not in the capital request process (e.g. Vocera or Wi-Fi expansions)
- New facilities or site expansions
- Major departmental moves
- System upgrades
- Process Redesign/Support/Workflow changes
- If this request is for the eHS Information and Analytic Services team, please access their intake form [here](#).

For all other requests or issues, please contact the Service Desk at 1-888-316-7446 (local 306-337-0600) or email them at: [ServiceDesk@eHealthsask.ca](mailto:ServiceDesk@eHealthsask.ca)

**IMPORTANT: \*\*ALL\*\* questions must be completed to submit your Intake Form.**

Organization Name: <input style="width: 95%;" type="text"/>	Requester Name: <input style="width: 95%;" type="text"/>
Contact Phone Number: <input style="width: 95%;" type="text"/>	Contact Email: <input style="width: 95%;" type="text"/>
Division/Department: <input style="width: 95%;" type="text"/>	Primary Contact Name: <input style="width: 95%;" type="text"/>
Approver Name: <input style="width: 95%;" type="text"/>	Approver Organization: <input style="width: 95%;" type="text"/>
Categorization: <input style="width: 95%;" type="text"/>	URGENT- Critical patient welfare & staff safety, IT security, government-directed IMPORTANT - Restore or enhance efficiency/effectiveness of patient care or service delivery NEEDED- Basic update or maintenance to support an existing system (not time sensitive and delay is non-patient or service delivery effecting)
Target Completion Date: <input style="width: 95%;" type="text"/>	

**1. What is the opportunity or problem being addressed?**

**2. What is the impact to Patient Care?**

**3. What are potential risks in not proceeding with the request? Is there a current workaround in place?**

**4. What is the current state or background of the request?**

**5. Are there any vendors involved with this request?**

**6. Are there any known requirements for new equipment? If so, please explain.**

**7. Are there any known requirements for new computer software or upgrades? Please explain.**

**8. Is there integration needed with existing applications or systems? If so, please explain.**

**9. Is funding available for this request?**  Yes  No **Have IT costs been considered? Are IT costs one-time or ongoing?**

**10. Is there any additional information you would like to share about this request? This may include any existing tickets that have been submitted through the eHealth Service Desk.**