

## Account Request Form

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below

The Service Desk will complete the request within five business days from receiving the request.

Email: [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca)

### User Information

Type of request (check one):      New User      Change in user type      Remove

User's Full Name printed:		Work Phone #:	
Working Title:		Email Address:	
Facility Name:		City:	

Environment:      Production      User Acceptance Test (UAT)

### Service Requested

<input type="checkbox"/> Lab SCC (Soft)	<input type="checkbox"/> CPI/Reg (WinCIS)	<input type="checkbox"/> Drug Utilization Review (DUR)
<input type="checkbox"/> SCM	<input type="checkbox"/> Pyxis(No Authorization Required)	<input type="checkbox"/> ESP (Workforce Central)
<input type="checkbox"/> Other		

Please specify: \_\_\_\_\_

### Service Authorization

User's signature \_\_\_\_\_ Date (DD-MMM-YYYY) \_\_\_\_\_

I acknowledge that the subscriber is permitted access to the selected services.

Date access is required:

\_\_\_\_\_ Date (DD-MMM-YYYY)

### Manager's Information:

Name: \_\_\_\_\_ (Please Print) \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (DD-MMM-YYYY) \_\_\_\_\_

### Authorized Approver's Information:

Name: \_\_\_\_\_ (Please Print) \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (DD-MMM-YYYY) \_\_\_\_\_

If you need the name of an authorized approver, please call the Service Desk at 1-888-316-7446 (local 306-337-0600)  
The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>