



LAB LICENSING SYSTEM(LLS) 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 two days from receiving the request.

Return to: Fax Number: 306-781-8480

Email: 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:	
Regional Health Authority:	Fax Number:	
Facility Name:	Is hardware supported by the RHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Environment (check one) Production User Acceptance Test (UAT)

Group(s) Super Admin Laboratory Staff MSB & AESB Staff Lab Licensing Staff CPSS Staff

User's Agreement

General Agreement

- As a user of the system, I recognize the importance of securing personal health information.
- I agree to utilize the information included in the system for the purposes authorized by my Regional Executive Director or their designate.
- I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the Government of Saskatchewan or its agents.

Workstation Security

- I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information.
- I will keep private all passwords associated with the system.
- I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time.

I have read, and accept, the General Agreement and the Workstation Security Policy.

User's signature: _____ Date (YY/MM/DD) _____

Service Authorization

I acknowledge that the subscriber is permitted access to the selected services. **Date access is required:** _____
Date (YY/MM/DD)

Requestor (Manager/Supervisor):

Name: _____ (please print) _____ Work Phone Number

Signature: _____ Date (YY/MM/DD) _____

Service Authorization Approval:

Name: _____ (please print) _____ Work Phone Number

Signature: _____ Date (YY/MM/DD) _____

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