

NEWBORN NOTIFICATION SYSTEM ACCOUNT REQUEST FORM **ACCOUNT REQUEST FORM**

- Call the Service Desk 1-888-316-7446 (local 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: Email: service	306-781-8480 edesk@ehealthsask.c	а			
User Information		<u> </u>			
Type of request (check one):	New u	ıser		Change in user type	Remove
User's Full Name printed:				Work Phone #:	
Working Title:				Email Address:	
District/Branch/Unit:				Fax Number:	
Access Requested					
Areas of Responsibility:				User Group(s):	
				Basic User Health Registratio Provincial Lab Nec	
User's Agreement					
As a user of the system, I repersonal health information I agree to utilize the information purposes authorized by my their designate. I recognize that the use of tunlawful purposes is strictly prosecution by the Governmation Service Authorization User's signature: I acknowledge that the subscribethe selected services. Manager's Information Name:	n. Ation included in the sy Regional Executive Direct This data for unauthorized prohibited and is subject The nent of Saskatchewan of	ector or ect or ect to or its agents.	I agrisyst infoI will systI have pass	rmation. I keep private all passwo em. ve secured my workstatio sword to assure security s extended period of time.	thorized users to access this rds associated with the
(please print) Signature:					Work Phone Number
Authorized Approver's Information	mation				Date (YY/MM/DD)
Signature:	(k	lease print)			Work Phone Number
					Date (YY/MM/DD)
If you need the name of an a					-