



MICROSTRATEGY PRODUCTION REPORTING 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.

Return to: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

User Information

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

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

Reporting Access Information (This section should be completed by the reporting program's authorized approver):

Does user have an existing myeHealth (IDM/LDAP) account? Yes No I'm not sure

If Yes, please specify the user name assigned: _____

If No, please register at [myeHealth](#) for your account.

What data does the user require reporting access to:

ie: SCI, CDM-QIP, MDS-LTC _____

Additional Notes (please indicate any specific details to ensure your request can be completed in a timely manner.)

Service Authorization:

Authorized Approver's Information

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>