

REPORTING ACCESS REQUEST FORM

Use this form to request access to existing reports produced & published by eHealth Business Intelligence Services.

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 to: servicedesk@ehealthsask.ca

| User Information | | | | |
|---|-------------------------|------------------------------------|------------------|--|
| Type of Request (check one): New User Change | | | e in User Access | Remove |
| Full Name Printed: | | | User Name: | |
| Working Title: | | | Work Phone #: | |
| Email Address: | | | Facility Name: | |
| Former Health Region: | | | Organization: | |
| Reporting Access Information (This section should be completed by the reporting program's authorized approver) | | | | |
| What report/project does the user require access to (i.e. SCI, CDM-QIP, MDS-LTC): | | | | |
| Delivery Platform: | Power BI | MicroStrategy | SharePoint | |
| | Other | | Unsure | |
| Type of Access: | View Reports | Create/Modify Repor | ts* UAT Testing* | *Note: licensing costs may be incurred |
| Request Access To: | Production | UAT | | |
| Additional Notes: Please include a link to the report you want if you have one. (Please indicate any specific details to ensure your request can be completed in a timely manner) | | | | |
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| Service Authorization (IMPORTANT: Obtain authorization prior to submitting requests to the Service Desk) If you need the name of an authorized approver, please call the Service Desk 1-888-316-7446 (local 306-337-0600) | | | | |
| Authorized Approver's Information: | | | | |
| Name: | | | Work Phone Num | ber: |
| | (Please Print) | | | |
| Signature: | | | | Date (YY/MM/DD) |
| The most recent version | of this form can be dow | nloaded at: <u>http://www.ehea</u> | lthsask.ca/forms | |