



SURGICAL INFORMATION SYSTEM (SIS) ACCOUNT REQUEST FORM

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

Return to: Fax Number: 306-781-8480
Email: servicedesk@ehealthsask.ca

Section 1 - 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: | Health Region: | |

Section 2 - SIS Account

Environment Production User Acceptance Test (UAT)

OR Manager Role Requested (Please select only one role. If you perform multiple roles, please contact the Regional OR Manager System Administrator to identify the best-fit role for you)

| | | | |
|--|--|--|---|
| <input type="checkbox"/> AESB Administrator | <input type="checkbox"/> Day Surgery / Pre-OP | <input type="checkbox"/> ERT | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Lead / CSC / Educator | <input type="checkbox"/> MM / SPD | <input type="checkbox"/> OR Nurse Manager | <input type="checkbox"/> OR Nursing / Endoscopy |
| <input type="checkbox"/> OR Scheduler | <input type="checkbox"/> OR Support | <input type="checkbox"/> PAC Scheduler | <input type="checkbox"/> Patient Advocate |
| <input type="checkbox"/> PICIS (Admin) | <input type="checkbox"/> Preference Card Manager | <input type="checkbox"/> RHA Management | <input type="checkbox"/> Surgeon / Office |
| <input type="checkbox"/> Surgical Supply Support | <input type="checkbox"/> System Administrator | <input type="checkbox"/> OR Unit Assistant | |

Section 3 - Remote Access, Active Directory Account & Permissions (** Please fill in this section if "Surgeon / Office" role is requested)

Please indicate if you already have or will be provided with an account to login to the Region's network

| | |
|------------------------------|--|
| <input type="checkbox"/> Yes | Please provide your login ID: |
| <input type="checkbox"/> No | eHealth Saskatchewan will provide an active directory account with the appropriate Regional and remote access security groups added to grant access to the SIS application. The SIS application account must still be granted by the appropriate Region. |

Service Authorization

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

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

Requesting Manager / Supervisor:

Name: _____ (please print) _____ Work Phone Number _____
Signature: _____ Date (YY/MM/DD) _____

Authorized Regional Approver:

Name: _____ (please print) _____ Work Phone Number _____
Signature: _____ Date (YY/MM/DD) _____

eHealth Saskatchewan Approver (only needed if response in section 3 is 'no' – authorization of this section will be arranged by the eHealth Saskatchewan Service Desk):

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 337-0600)

The most recent version of this form can be downloaded at: <http://www.ehealthsask.ca/forms>