

Vaccine Distribution Tracker (VDT) PHARMACY 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 five business days from receiving the request.

Email form to: dpebimmunizations@health.gov.sk.ca

User Information			
Type of Request:	☐ New VDT Access	Remove VDT Access	
Requester Name:	First Name	Last Name	
Requester Organization:	Pharmacy		
Cell Phone:		Work Phone:	
Email Address:		I.	1
Pharmacy Name:			
Username Information	n		
If you do not have a PIP ac services/pip	count, please register for an account at t	he following link	: https://services.ehealthsask.ca/