

SMART PUMP 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.

Return to: sasksmartpump@rqhealth.ca by clicking the "Submit by Email" button below.

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User Information - All fie	lds marked with * are requi	red		
Type of request (check one)	: New User	Change in User T	ype	Remove
User's Full Name printed:*		Work Phone	#:*	
Working Title:		Email Addres	Email Address:*	
Facility Name:		Former Heal	Former Health Region:*	
Service Requested				
Plum 360 / LPCA (MedNet) Medfusion 4000 (PharmGuard) Both				
Access Requested				
○ Reporting - Full	○ Biomed	○ Both		
User's Agreement				
 General Agreement As a user of the system, I recpersonal health information. I agree to utilize the informat purposes authorized by my Redesignate. I recognize that the use of the purposes is strictly prohibited a Government of Saskatchewan 	 Workstation Security I agree to keep secure all data available to me in the system. I will not allow unauthorized users to access this information. I will keep private all passwords associated with the system. I have secured my workstation with a screen-saver password to assure security should I leave my machine for an extended period of time 			
By checking this box you agree to the above User's Agreement*				
Service Authorization				
Regional Approver/Liasor	1:*		Date:	
If you don't know your Approver/Liason please email sasksmartpump@rqhealth.ca or call 306-766-3572				
				December 2021