



MIQS 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: Fax Number: 306-781-8480

Email: servicedesk@ehealthsask.ca

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:	
Health Region:		Fax Number:	
Facility #:			

MIQS Security Access:

Site of Sites that user will require access: (please not if user is from satellite and will require access change after training is complete)

If user will be transferring to a satellite location, please note the date that change of security access will be required:

Date of training for new user:

Date that security will be required: (please allow at least 5 working days notice for security privileges when possible)

Service Authorization:

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

I acknowledge that the subscriber is permitted access to the selected services.

Manager's Information

Name: _____ (please print) _____ Work Phone Number _____

Signature: _____ Date (YY/MM/DD) _____

eHealth Saskatchewan Support - eHS Staff or Vendor:

Select access type:

eHS App Support Staff - Database Access eHS Server Staff - Database Access Vendor - MIQS Database Access

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>