eHealth Saskatchewan

REPORTING ACCESS REQUEST FORM

Use this form to request access to existing reports produced & published by eHealth Information & Analytic 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: <u>servicedesk@ehealthsask.ca</u>					
User Information					
Type of Request (check one): New User Change in User Access Remove					
User's Full Name Printed:			Work Phone #:		
Working Title:			Email Address:		
Facility Name:			Health Region:		
Organization:					
Reporting Access Information (This section should be completed by the reporting program's authorized approver)					
Does user have an existing myeHealth (IDM/LDAP) account? 🗌 Yes 📄 No 📄 I'm not sure					
If Yes, please specify the user name assigned:					
If No, please register at <u>myeHealth</u> for your account.					
What report/project does the user require access to (i.e. SCI, CDM-QIP, MDS-LTC):					
Delivery Platform: Power Bl MicroStrategy SharePoint					
Ot	ther		I'm not sure		
Type of Access: 🗌 Vie	ew Reports	Create/Modify Reports*	UAT Testing*	*Note: licensing costs may be incurred	
Request Access To: 🗌 Pro	oduction	UAT			
Additional Notes (Please indicate any specific details to ensure your request can be completed in a timely manner)					
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 In					
Name:					
(Please Print) Signature:				Work Phone Number:	
The most recent version of this form can be downloaded at: <u>http://www.ehealthsask.ca/forms</u>				Date (YY/MM/DD)	