

	Knowledge Management and Information Technology Service	Page No.	Page 1 of 1
		Revision No.	0
	Service Request Form		Effectivity:

Reference Code: _____

1) Date of Request (mm/dd/yyyy): ____/____/____

2) Name of Contact Person: _____
Last Name
First Name
Middle Name

3) Office: _____

4) Address: _____

5) Landline: _____ 6) Fax No. _____ 7) Mobile No. _____

8) **DESCRIPTION OF REQUEST:** *(Please clearly write down the details of the request.)*

NEW ACCOUNT

Creation of ITIS User Account/s for: <i>(Please check)</i>	Type of Facility: <i>(Please check)</i>	
<input type="checkbox"/> ONLINE	<input type="checkbox"/> Office	<input type="checkbox"/> TB Microscopy Laboratory
<input type="checkbox"/> OFFLINE (for DOTS only)	<input type="checkbox"/> DOTS	<input type="checkbox"/> RTDL Site
	<input type="checkbox"/> PMDT - TC/STC	<input type="checkbox"/> DST/Culture Center
	<input type="checkbox"/> Referring Hospital	<input type="checkbox"/> Private - TB Notifications
	<input type="checkbox"/> QA Center	<input type="checkbox"/> Others (please specify): _____

Person Requesting Account			E-mail Address	Contact No.	User Level	Facility Name & Location
First Name	Middle Initial	Last Name				
Example: Sonia	S.	Balita	sbalita@gmail.com	0900-000-0000	DOTS Validator	Rural Health Unit, Municipality, Province

9. APPROVED BY: _____
Name & Signature of Head of Office
Date Signed

Position

(For Knowledge Management and Information Technology Service only)

10. Date Received (mm/dd/yyyy): ____/____/____ 11. Time Received (hh:mm) ____:____ OR AM OR PM

12. ACTIONS TAKEN: *(Use separate sheet if necessary)*

DATE (a)	TIME (b)	ACTION TAKEN (c)	ACTION OFFICER (d)	SIGNATURE (e)

13. NOTED BY: _____ 14. _____ 15. _____
Name and Signature of Supervisor
Position
Date Signed