



Knowledge Management and Information Technology Service

Service Request Form

Page No.	Page 1 of 1
Revision No.	0
Effectivity:	May 02, 2014

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) Land line: _____ 6) Fax No. _____ 7) Mobile No. _____

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

NEW ACCOUNT

Creation of ITIS User Account/s for: (Please Check)	Type of Facility: (Please Check)
<input type="checkbox"/> ONLINE <input type="checkbox"/> OFFLINE (for DOTS only)	<input type="checkbox"/> Office <input type="checkbox"/> QA Center <input type="checkbox"/> Others: (Please specify) <input type="checkbox"/> DOTS <input type="checkbox"/> TB Microscopy Laboratory <input type="checkbox"/> PMDT - S/TC <input type="checkbox"/> Gene Xpert Site <input type="checkbox"/> Referring Hospital <input type="checkbox"/> DST / Culture Center

Person Requesting Account			E-mail Address	Contact No.	User Level	Facility Name and Location
First Name	Middle Initial	Last Name				
Ex. Jane	S.	Doe	xxx@gmail.com	0999-000-00-00	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) ____:____ O AM O 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