

	<b>Knowledge Management and Information Technology Service</b>	Page No.	Page 1 of 1
		Revision No.	0
	<b>Service Request Form</b>	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) Landline: \_\_\_\_\_ 6) Fax No. \_\_\_\_\_ 7) Mobile No. \_\_\_\_\_

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

**NEW ACCOUNT**

<b>Creation of ITIS User Account/s for:</b> <i>(Please check)</i> <input type="checkbox"/> <b>ONLINE</b> <input type="checkbox"/> <b>OFFLINE</b> (for DOTS only)	<b>Type of Facility:</b> <i>(Please check)</i> <input type="checkbox"/> <b>Office</b> <input type="checkbox"/> <b>DOTS</b> <input type="checkbox"/> <b>PMDT - TC/STC</b> <input type="checkbox"/> <b>Referring Hospital</b> <input type="checkbox"/> <b>QA Center</b>	<input type="checkbox"/> <b>TB Microscopy Laboratory</b> <input type="checkbox"/> <b>Genexpert Site</b> <input type="checkbox"/> <b>DST/Culture Center</b> <input type="checkbox"/> <b>Others</b> (please specify): _____
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Person Requesting Account			E-mail Address	Contact No.	User Level	Facility Name & Location
First Name	Middle Initial	Last Name				
<b>Example:</b> 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) \_\_\_:\_\_\_ AM/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