

ACCOUNT & ACCESS REQUEST FORM

Health Sciences Centre

AUTHORIZED REQUESTOR:*REQUESTOR NAME: Suzanne DoyleJOB TITLE: Program AdminPHONE NUMBER: (204) 787-3499EMAIL: sdoyle1@hsc.mb.ca

Select if Requestor is also the Sponsor/Manager

AUTHORIZED SPONSOR/MANAGER:APPROVER NAME: Suzanne DoyleJOB TITLE: ManagerPHONE NUMBER: (204) 787-3499EMAIL: sdoyle1@hsc.mb.ca**TYPE OF REQUEST:**Modify/Alter Existing Access or InfoDATE REQUIRED BY: Jul 9, 2020

TIME REQUIRED:

Unable to process self-requests. Must be authorized by a sponsor or the individual's manager.*USER INFORMATION**

eHEALTH USER ID:

LEGAL FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: HuROLE TYPE: Resident BUSINESS PHONE: _____ EMPLOYER: _____EMPLOYEE #: See Attached List MOBILE PHONE: _____ MANAGER: _____LABOUR CLASS/TITLE: Dr FAX NUMBER: _____DEPT/PROGRAM: _____ HSC AREA: _____ CITY/TOWN: WinnipegOFFICE#/LOCATION: _____ PRIMARY SITE: _____ PROVINCE/STATE: ManitobaSTREET ADDRESS: _____ COUNTRY: Canada**APPLICATIONS/SERVICES** Network/eHealth Account Email/Outlook Access Accuro HSC EMR AGFA-PACS AGFA-RIS

Role:

 AGFA-RIS Cognos Reporting AGFA-RIS DI Billing BDM Pharmacy**CancerCare Manitoba:** Submit required CCMB access form (Aria, Maxon, RL6, etc) CBORD Client Registry CR Active Mode CR Enterprise Viewer Delphic LIS/MultiLab/Webmicro:

Lab Staff (Yes/No):

eChart Manitoba - See [eChart Request Form](#) EPR

EPR Standard User Code: (Required)

See [EPR Standard User Listing](#)See attached list

EPR associated Clinic(s) for EPR Scheduling users:

See [HSC Clinic Listing \(List the main clinic first\)](#) eRenal/EKHR ESP Great Plains/FRX Med2020-WinRecs

Coder: _____

Profile#: _____

 Crystal Reports - Med2020 ICD10 - Med2020 NACRS - Med2020 NRS - Med2020 Medication Reconciliation Medworxx Clinical Criteria MicroMain**myMBT** - See [myMBT Request Form](#)**Oculys** - Contact your local Oculys Admin OPIE Panorama

Role: _____

Provider (Y/N):

Signed [Terms of Use](#) submitted (Y/N):

ID Number:

Prof. Designation: _____

PRAR

Profile:

Pyxis Medication Delivery

Anesthesia Pyxis*

*Contact the Pharmacy Technician Manager regarding Anesthesia Pyxis access.

 Nursing & Pharmacy Pyxis**

**A Clinical Manager must email this request.

 Remedy - ([Required Training in LMS](#))

Queue Manager:

Group:

Remote Access - [Remote Access Request Form](#) SAP SIMS *O.R. Manager Authorization Required

*Authorized by:

Employee Billing#:

Site Access:

Security Group:

VMS/KEA - Legacy Applications

Specify:

 Other eHealth Applications - Specify:**SHARED DRIVE(S):** - Provide Drive Letter(s) & Folder Names**EMAIL DISTRIBUTION LIST(S):*****Review who must approve additions to certain lists by right-clicking the distribution list in the Address Book and select "properties" to see the owner.***OTHER REQUIREMENTS/NOTES:** - "Setup same as individual x" not a valid request.

Please see attached list

1) each resident needs EPR for both HSC & SB
2) and Accuro for HSC - as per 2nd attached list

Save Form

[Click here to e-mail the form to the servicedesk@sharedhealthmb.ca](mailto:servicedesk@sharedhealthmb.ca)

Clear Form

Please ensure the individual assigned the account has completed & submitted an [Authentication Questions Form](#) to the Service DeskSubmit form to servicedesk@sharedhealthmb.ca