



Service Request Form

Reference Code: _____

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

Privacy Notice: All information collected through this form shall be used for the purpose of (1) database of TB care providers for reporting TB Human Resource-related indicators, (2) basis for processing of ITIS account, and (3) contacting for patient referrals and informing of NTP activities. Your contact details will be accessible by all ITIS users. If you wish to revoke your registration, you may send us an email via ntp.helpdesk@doh.gov.ph. All information collected will remain secure and confidential within authorized personnel only.

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.)

REQUEST FOR CHANGE OF SYSTEM PLATFORM

(This form is applicable only for DOTS providing facility. If request is from Desktop to Web, submit this along with the latest dispatch file of facility. If no dispatch file needs to upload, please indicate that the data online is the current encoded data of facility.)

A. System Platform: (Please check)

From WEB to DESKTOP

From DESKTOP to WEB (provide the latest dispatch file of facility upon submission of this request)

Complete Name of Facility	
Complete Address	
Reason for changes	

B. List of existing users

NOTE: For new users please accomplish the SRF for new account request. The form is available in ITIS Downloads thru the ITIS login page.

First Name	Middle Name	Last Name	E-mail Address	Contact Number

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