



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 while personal information such as Birthday and PRC Number shall be accessible only by the approval party. 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 NEW ACCOUNT

(RO, PHO/CHO or Facility Validator must register the personnel in Directory prior submission of this form to KMITS. If facility is not available in ITIS, submit first the request for addition of facility. Form is available in ITIS Downloads.)

Creation of ITIS User Account for: (Please check)
Type of Service(s): (Please check)
[] WEB [] DESKTOP (applicable for DOTS facility only)
[] Office [] DOTS [] iDOTS [] PMDT - TC/STC [] Referring [] Notifying (MTBN)
[] TB Microscopy [] RTDL [] DST/TB Culture [] QA Center [] Warehouse [] Others (please specify):

*Title: [] Dr. [] Mr. [] Ms. [] Others _____

*Last Name: _____

*First Name: _____

*Middle Name: _____

Name Extension: _____ Maiden Name: _____

*PRC License No.: (write N/A if this is not applicable for the personnel)

*Birthdate: _____

*Sex: [] Male [] Female

*Email Address: _____

*Mobile Number: _____ Landline Number: _____

*Profession: _____

*Main Health Facility: _____

*Designation: [] Director/Health Office Head/Facility Head/Laboratory Head [] Health Officer [] TB Medical Coordinator [] TB Nurse Coordinator [] TB Medical Technologist Coordinator [] Supply Officer [] Physician [] Nurse [] Medical Technologist [] Nurse/Laboratory Aide [] Others _____

Position: _____

*Employment Status: [] Permanent (Regular) [] Temporary [] Contractual (Project-Based) [] Casual (Job Order) [] Volunteer

*User Level: [] Viewer [] Encoder [] Validator [] Notification Officer (Project/LGU hired) [] Private Physician Notifier [] Private Facility Notifier

Where did you hear of this registration? or How were you informed of this registration? or Who assisted you in your registration?

- [] Local Government Unit (LGU) [] Family Health International 360 (fhi360)
[] Center for Health Development (CHD) [] University Research Company (URC)
[] Philippine Coalition Against TB (PhilCAT) [] Innovations for Community Health (ICH)
[] Culion Foundation, Inc. (CFI) [] Medical Societies
[] Philippine Business for Social Progress (PBSP) [] Others _____

Remarks: _____

*means required field

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)

Table with 5 columns: 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