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 ACCESS
(This form is applicable for DOTS providing facility only.)

A. **System Access:** (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 changing the access	

B. **List of existing users without needed update in account details**

NOTE: *For new users and with request account update, please accomplish the appropriate form available in ITIS Downloads on the 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:	14.	15.
Name and Signature of Supervisor	Position	Date Signed

DOH-KMITS-SRF