

 UNIVERSITI TEKNOLOGI MARA	<h2>User Access Form</h2>
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Name	Staff No & MMC No
Department	Designation
Phone Number	Email Address

Account Application
Applied For (Please Check) <input type="checkbox"/> Hospital Information System (Unimeds) <input type="checkbox"/> Specimen Management System (SMS)

User Category (Fill by Authorized Personnel)		
UniMEDs <input type="checkbox"/> Admin <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Medical Lab Technology <input type="checkbox"/> Clerk <input type="checkbox"/> Pharmacist <input type="checkbox"/> Billing	SMS <input type="checkbox"/> Pathologist <input type="checkbox"/> MLT <input type="checkbox"/> Nurse <input type="checkbox"/> PPK	OTHER (Please State)

Deputy Director (Clinical) Hospital UiTM

Verified By:	Signature	Date
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Office Use (IT Department)		
Authorized By	Signature	Date
Username	Password	<input type="checkbox"/> Training Date: