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

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

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

Deputy Director (Clinical / Clinical Support) Hospital UiTM

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| Verified By: | Signature | Date |
|--------------|-----------|------|

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