



# LIS ACCESS REQUEST FORM

## THE UNIVERSITY OF THE WEST INDIES Access to the Laboratory Information System for UHWI End Users

USER INFORMATION			
Employee ID:		Job Title:	
Last Name:		Other Names:	
Role:		Special Access Restriction OR Privilege if any:	
Request Date:		Start On:	End On:

USER INFORMATION			
Employee ID:		Job Title:	
Last Name:		Other Names:	
Role:		Special Access Restriction OR Privilege if any:	
Request Date:		Start On:	End On:

USER INFORMATION			
Employee ID:		Job Title:	
Last Name:		Other Names:	
Role:		Special Access Restriction OR Privilege if any:	
Request Date:		Start On:	End On:

FOR THE HEAD OF SECTION [/SUPERVISOR]		
Authorised By:	Signature:	Date:

FOR THE LIS ADMINISTRATOR ONLY			
Received On:		Entered On:	
Comment:			