



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

Please terminate or suspend access to the LIS system for the persons as described below.

For persons who are to be out of the UHWI service for a period please state the return period in the [TO] column otherwise leave blank.

ID:	NAME:	JOB TITLE:	TERMINATE FROM:	TO:
OPTIONAL COMMENT:				
OPTIONAL COMMENT:				
OPTIONAL COMMENT:				
OPTIONAL COMMENT:				
OPTIONAL COMMENT:				

FOR THE HOSPITAL HUMAN RESOURCE MANAGEMENT		
Authorised By:	Signature:	Date:

FOR THE LIS ADMINISTRATOR ONLY	
Received	Entered On:
Comment:	