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.)*

PASSWORD RESET
(For desktop users, import again the provided 'user.doh' and use the default password to log-in.)

First Name	
Middle Name	
Last Name	
Username	
Default Station	
E-mail Address	
Mobile 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