UNIVERSITI TEKNOLOGI MARA

Hospital Al-Sultan Abdullah

UniMEDS USER ACCESS FORM

APPLICANT DETAILS			
☐ HASA Staff ☐ Others			
Name		**NRIC**	
Staff No		**MMC No.**	
C&P No.		**Duration**	Start Date:
NSR No.			End Date:
Department		**Unit**	
Phone No.		**Email Address**	

ACCOUNT APPLICATION
Applied For (Please Check) ☐ Hospital Information System (UniMEDS) ☐ Specimen Management System (SMS) ☐ Others: ____________________________

USER CATEGORY (FILL BY AUTHORIZED PERSONNEL)		
UniMEDS ☐ Admin ☐ Clerk ☐ Nurse ☐ Research Assistance ☐ Medical Assistance ☐ MLT ☐ Record ☐ MSW ☐ Store ☐ Financial	☐ Optometrist ☐ Science Officer ☐ Pharmacist ☐ Physiotherapist ☐ Radiographer ☐ Dietitian ☐ Doctor ☐ Consultant ☐ Clinical Specialist ☐ Medical Officer	**SMS** ☐ Pathologist ☐ Science Officer ☐ MLT ☐ Nurse **Other System:** (Please State)

HEAD OF DEPARTMENT		
Verified By:	Signature	Date

DIRECTOR/ DEPUTY DIRECTOR (CLINICAL) HASA UITM		
Verified By:	Signature	Date

OFFICE USE (IT DEPARTMENT)		
Authorized By	Signature	Date
Username	Password	☐ Training Date: