



MINISTRY OF HEALTH
PHARMACY INFORMATION SYSTEM (PhIS) AND
CLINIC PHARMACY SYSTEM (CPS)

Version HBUK/2.0/2018



PhIS USER ID REQUEST FORM

A. USER INFORMATION

Full Name:*	
ID No/MyKad No:*	
Registration No:*	
Designation:*	
Unit Name/Ward:*	
Contact No:*	
Email Address:*	
<u>User Acknowledgement :</u>	
<i>I hereby understand and agree to the term set forth in Pharmacy Information System and Clinic Pharmacy System (PhIS-CPS) Guideline and I shall not share my user ID. If I were found to misuse the user ID, disciplinary action shall be taken on me.</i>	
Name:	
Signature & Stamp:	
Date:	

*mandatory field

B. HEAD OF DEPARTMENT ENDORSEMENT (*KETUA UNIT/KETUA WAD)

Name:	
Signature & Stamp:	
Date:	

To be fill by administrator

C. REGISTRATION

Login Name:	User ID created by:		
	Date created:		
	Date informed:		
<i>Role in Pharmacy Information System (PhIS) - Roles are assign based on Guideline on PhIS User Role, HBUK</i>			
<input type="checkbox"/>	Administrator	<input type="checkbox"/>	Pharmacist TDM
<input type="checkbox"/>	Prescriber	<input type="checkbox"/>	Pharmacist Assistant U29
<input type="checkbox"/>	Consultant/Specialist	<input type="checkbox"/>	Pharmacist Assistant U32/U36/U38
<input type="checkbox"/>	Chief Pharmacist	<input type="checkbox"/>	Storekeeper – Pen. Peg. Tadbir
<input type="checkbox"/>	Pharmacist Hospital (General)	<input type="checkbox"/>	Storekeeper – Pembantu Tadbir
<input type="checkbox"/>	Pharmacist Head Of Unit	<input type="checkbox"/>	Nurse & Medical Assistant
<input type="checkbox"/>	Pharmacist Drug Info	<input type="checkbox"/>	Registration Personel
<input type="checkbox"/>	Pharmacist Medical Store	<input type="checkbox"/>	Others :
<input type="checkbox"/>	Pharmacist Ward/HMR/MTAC		