

- Please complete ALL applicable fields. If completing the form by hand, please write legibly. Requester must sign the form.
- After completing the form, please call the Help Desk at (973) 754-4494 to request a ticket number. Enter the ticket number in the *Ref Number/Name* field.
- NO ticket number required for IT/PMO project-related requests. Enter project name in the *Ref Number/Name* field for IT/PMO project-related requests.
- Email the completed form to **AccountRequests@sjhmc.org** or fax the completed form to **(973) 754-4487**.

**Ref Number/Name =====>**  
*(ticket number OR project name)*

**Date of Request**

**A. REQUESTOR INFORMATION** *(must be SJH manager or director)*

Last name, First name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_

Cost Center\* \_\_\_\_\_ Expense Account\* \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**B. CLIENT INFORMATION** *(client and requestor must be different)*

Last name, First name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Building/Room/Desk \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\* Charged for telecommunications, hardware and/or non-standard software purchases

**C. ONSITE CONTACT INFORMATION** – *(if requesting telecommunications, telecommunications equipment or services and/or software (sections N-T))*

Last name, First name \_\_\_\_\_

E-mail address \_\_\_\_\_

Best contact phone number \_\_\_\_\_

Desired deployment date\*\* \_\_\_\_\_

\*\* Supplier, shipping and other logistical constraints may cause delays. IT will make every effort to deploy hardware as quickly as possible and will notify requestor and/or client of actual deployment date(s).

**D. CLIENT TYPE**

- SJH Employee**
- Non-SJH Employee**
  - Vendor/consultant       Ambulatory office
  - Agency nurse               Resident fellow
  - Medical student             Student nurse
  - Student – Other *(please indicate type):* \_\_\_\_\_

**E. REQUESTED ACTION**

- Add       Change      **Effective Date** \_\_\_\_\_
- Move      **Move date** \_\_\_\_\_
- Transfer     Disable     Leave of absence    **Last shift** \_\_\_\_\_
- Last shift:**     Days       Evenings       Nights (11:00am – 7:00pm)

**F. LICENSED MEDICAL PROVIDERS**

**State license** \_\_\_\_\_

**NPI** \_\_\_\_\_ **DEA** \_\_\_\_\_

**Taxonomy #** \_\_\_\_\_ **Doctors #** \_\_\_\_\_

**G. NON-SJH EMPLOYEES ONLY** (non-SJH employee must sign and date the form below)

**Company** \_\_\_\_\_

**Access expiration date** \_\_\_\_\_

**Authentication code** *(PIN created by client that is used by Help Desk for identify validation. Client to provide a 4-digit number and remember it):* \_\_\_\_\_

I agree to follow the SJH Acceptable Use of Computers and Information Technology Resources policy.

Non-SJH employee signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE ALL APPLICABLE SECTIONS**

**Network/system access:** Complete sections H-M. **Hardware:** Complete sections N-Q. **Software:** Complete sections R-S. **Telecommunications:** Complete sections T-V.

**SECTIONS H-M: Complete these sections to request network and system access.**

**H. NETWORK ACCESS**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Network account</b>                   | <input type="checkbox"/> <b>E-mail</b> ( <i>network account required</i> ) |
| <input type="checkbox"/> <b>Network department drive</b>          | <input type="checkbox"/> <b>E-mail distribution group(s)</b>               |
| <input type="checkbox"/> Existing ( <i>specify drive</i> ): _____ | <input type="checkbox"/> Existing ( <i>specify group</i> ): _____          |
| <input type="checkbox"/> New ( <i>specify group</i> ): _____      | <input type="checkbox"/> New ( <i>specify drive</i> ): _____               |

**I. FINANCIAL SYSTEMS**

**Soarian Financials**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Nursing                        | <input type="checkbox"/> Scheduling                     | <input type="checkbox"/> Registration |
| <input type="checkbox"/> PFS – Provider Accounting      | <input type="checkbox"/> View Only/POS                  |                                       |
| <input type="checkbox"/> Provider Accounting View Only  | <input type="checkbox"/> Rehab Center                   |                                       |
| <input type="checkbox"/> Scheduling View Only           | <input type="checkbox"/> Other ( <i>specify</i> ) _____ |                                       |
| <input type="checkbox"/> Other ( <i>specify</i> ) _____ |   |                                       |

**Allscripts-McKesson**

- |   |   |
|---|---|
| <input type="checkbox"/> AFM ( <i>Finance</i> ) | <input type="checkbox"/> ASCS ( <i>Supply</i> ) |
|---|---|

**Other Financial Systems**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HDX-EDI   | <input type="checkbox"/> Athena Registration | <input type="checkbox"/> Kronos ( <i>timekeepers only</i> ) |
| <input type="checkbox"/> HP24 ( <i>Health Pay/PPS Wells Fargo</i> )                        | <input type="checkbox"/> PayNav              |   |
| <input type="checkbox"/> Invision/OAS Gold ( <i>PFS staff or health information only</i> ) |  |   |

**Midas**

- |  |  |                                   |  |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> MD-Staff ( <i>formerly Midas Seeker</i> ) | <input type="checkbox"/> Quality Mgt   | <input type="checkbox"/> Case Mgt |  |
| <input type="checkbox"/> Data Vision                               | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Risk Mgt | <input type="checkbox"/> Focal Studies |

**J. OTHER SYSTEMS**

**Policy Medical**

- |   |   |
|---|---|
| <input type="checkbox"/> Power user ( <i>e-draw</i> )   | <input type="checkbox"/> Author/reviewer/approver ( <i>e-draw</i> ) |
| <input type="checkbox"/> Policy read verification ( <i>specify department on blank line below</i> ) | _____   |

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <b>RL 6 Claims Monitor Risk</b> | <input type="checkbox"/> <b>RL 6 Feedback Monitor</b> |  |  |
| <input type="checkbox"/> <b>Workfront</b>                | <input type="checkbox"/> <b>GlobalScape</b>           | <input type="checkbox"/> <b>Olympus</b>  | <input type="checkbox"/> <b>Kyruus</b> |
| <input type="checkbox"/> <b>Revenue Manager</b>          | <input type="checkbox"/> <b>My Easy View</b>          | <input type="checkbox"/> <b>Trizetto</b> |  |

**NOTE:** See Section U to request **Jabber** (chat) and/or a **WebEx** account

**K. CLINICAL SYSTEMS**

**Acute Systems**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Millennium ( <i>Powerchart, RadNet, PathNet, FirstNet, etc.</i> ) |   |  |
| <input type="checkbox"/> Fetal Link ( <i>Maternal Child Health units</i> )                 |   |  |
| <input type="checkbox"/> Space Labs ( <i>check one</i> )                                   | <input type="checkbox"/> Wayne          | <input type="checkbox"/> Paterson      |
| <input type="checkbox"/> Zebra Phone Nurse Connect   | <input type="checkbox"/> Phone          | <input type="checkbox"/> Messaging     |
| <input type="checkbox"/> Nuance ( <i>Dragon Medical One</i> )                              |   |  |
| <input type="checkbox"/> Omnicell Med ( <i>check one</i> )                                 | <input type="checkbox"/> Wayne          | <input type="checkbox"/> Paterson      |
| <input type="checkbox"/> Omnicell/Pyxis Supply ( <i>check one</i> )                        | <input type="checkbox"/> Wayne          | <input type="checkbox"/> Paterson      |
| <input type="checkbox"/> Clairvia  | <input type="checkbox"/> Provation      | <input type="checkbox"/> Mobile View   |
| <input type="checkbox"/> Teletracking  | <input type="checkbox"/> Bridge Medical | <input type="checkbox"/> GE View Point |

**Population Health Systems**

- |   |   |
|---|---|
| <input type="checkbox"/> HealthIntent (Hel)             | <input type="checkbox"/> HealthRegistries (HeR) |
| <input type="checkbox"/> HealthCare (HeC)               | <input type="checkbox"/> HealthAnalytics (HeA)  |
| <input type="checkbox"/> Other ( <i>specify</i> ) _____ |   |

**Other Clinical Systems:**  EDM/DM Viewer  Nuance Clintegrity 360 Imaging  Nuance Clintegrity 360 Coding  Zoom (*telehealth account*)

**Ancillary Systems**

- |   |   |                                 |                              |
|---|---|---------------------------------|------------------------------|
| <input type="checkbox"/> PACS           | <input type="checkbox"/> Invivo/Dynacad | <input type="checkbox"/> MModal | <input type="checkbox"/> TEG |
| <input type="checkbox"/> DMS/Centricity | <input type="checkbox"/> Syngo          | <input type="checkbox"/> EEG    |                              |

**Ambulatory Systems**

- |   |  |
|---|--|
| <input type="checkbox"/> Millennium ( <i>indicate physician/clinic role to mirror below</i> )       |  |
| <input type="checkbox"/> eClinicalWorks ( <i>indicate role to mirror below</i> )                    |  |
| <input type="checkbox"/> Community Behavioral Health (CBH) ( <i>indicate role to mirror below</i> ) |  |
| <input type="checkbox"/> ERM Caretracker, Ameracare, MDS  |  |
| <input type="checkbox"/> Cerner Practice Management (CPM)   |  |
| <input type="checkbox"/> Cerner Patient Accounting (CPA)  |  |
| <input type="checkbox"/> Work Queues ( <i>name of practice</i> ) _____                              |  |
| <input type="checkbox"/> Aria/Varian ( <i>check one</i> )   | <input type="checkbox"/> Wayne <input type="checkbox"/> Paterson |
| <input type="checkbox"/> Physician/clinic role to mirror _____                                      |  |
| <input type="checkbox"/> Other role to mirror ( <i>specify</i> ) _____                              |  |

**L. REPORTING SYSTEMS**

- |   |
|---|
| <input type="checkbox"/> <b>Millennium Discern Reporting</b> ( <i>indicate folder below</i> ) |
| <input type="checkbox"/> <b>AWS</b> ( <i>indicate folder below</i> )                          |
| <input type="checkbox"/> <b>Soarian Analytics Library</b> ( <i>indicate folder below</i> )    |
| <input type="checkbox"/> <b>Pyramid</b>   |
| <input type="checkbox"/> <b>Folders</b> _____   |

**RAS**

- |  |                                     |                                  |  |
|--|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> RASi  | <input type="checkbox"/> RAS eForms | <input type="checkbox"/> RAS NOA | <input type="checkbox"/> RASi scanning |
| <input type="checkbox"/> Reports Viewer ( <i>indicate folder below</i> ) |                                     |                                  |  |
| <input type="checkbox"/> Folders _____                                   |                                     |                                  |  |
| <input type="checkbox"/> eFolders ( <b>HR only</b> )                     |                                     |                                  |  |

**M. ADDITIONAL INFORMATION – Use this section to indicate any additional instructions and/or to request applications or systems that are not listed above**

**PLEASE COMPLETE ALL APPLICABLE SECTIONS**

**Network/system access:** Complete sections H-M. **Hardware:** Complete sections N-Q. **Software:** Complete sections R-S. **Telecommunications:** Complete sections T-V.

**SECTIONS N-Q: Complete these sections to request hardware.**

**N. HARDWARE**

**Hardware request type**    New hardware    Existing hardware    Both   If existing hardware, specify tag number \_\_\_\_\_

**O. HARDWARE BUNDLE:** Please select a bundle for the employee. Please request only one (1) bundle per employee.

- Desktop workstation** (Bundle includes a desktop computer, desktop monitor, keyboard, mouse, speaker bar)       **Laptop Workstation** (Bundle includes a laptop computer, docking station, desktop monitor, keyboard, mouse, speaker bar, charger)
- Laptop only** (one (1) standalone laptop with charger)

**P. OPTIONAL HARDWARE:** Please select additional equipment, as needed. Wireless items will replace wired, desktop items included in bundle.

- Additional monitor (second monitor)    Web camera    Document scanner    Wireless keyboard    Wireless mouse

**Q. OTHER HARDWARE:** Briefly describe any other hardware requests. Include business justification. Additional costs may be charged to the specific cost center. A quote will be sent with all requested equipment. New hardware requests are subject to review by SJH Information Technology. (300 character limit).

**SECTIONS R-S: Complete these sections to request software.**

**R. SOFTWARE INSTALLATION DETAILS**

**Note:** The following software is installed by default on all workstations and does **not** require a software request: Adobe Acrobat Reader, Condeco, Chrome, Edge, Microsoft Office Professional (Word/Excel/PowerPoint/Outlook), Citrix Receiver, Solstice, VPN Client/Duo (SJH laptops only).

**Software to be installed on:**  New/requested hardware    Existing hardware: Computer name \_\_\_\_\_ Asset tag \_\_\_\_\_

**S. REQUESTED SOFTWARE:** Please indicate the desired software below. Please provide as much detail as possible (if applicable/known).

**Software title:** \_\_\_\_\_ **Version:** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_ **License:**    New    Existing

**Software title:** \_\_\_\_\_ **Version:** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_ **License:**    New    Existing

**SECTIONS T-V: Complete these sections to request telecommunications devices, equipment and services. Additional signatures required.**

**T. NEW EMPLOYEE AND/OR EMPLOYEE MOVE\***

**Is there an existing telephone the employee can use in the new location?**    Yes    No   If yes, specify current extension \_\_\_\_\_

\* Contact the Facilities department for any furniture and/or construction needs.

**U. OFFICE DEVICES AND SERVICES**

- Office devices**       Desk phone       Wall phone       Conference phone\*\*
- Services**       Jabber chat/instant messaging\*\*       WebEx account\*\*       Fax line       Other \_\_\_\_\_

\*\* Restrictions apply

**V. MOBILE DEVICES AND ACCESSORIES (additional costs may apply)**

- Mobile devices**       Smart phone (iPhone or Android)       Flip phone       Mobile hotspot\*       iPad/tablet (with cellular service)\*\*
- Mobile accessories**       Wall charger       Car charger       Bluetooth headset       Case

\*\* Restrictions apply

**PLANS**

- Smart phone:      \$49.98/month (includes 400 pooled minutes and unlimited data)
- Flip phone:      \$29.61/month (includes 400 pooled minutes and generic texting)
- Mobile hotspot:      Based on usage: 5GB @ \$39.99; 10GB @ \$59.99; 20GB @ \$99.99 (plus taxes and fees)
- iPad or tablet:      Based on usage: 5GB @ \$39.99; 10GB @ \$59.99; 20GB @ \$99.99 (plus taxes and fees)

**REPAIR**

Basic malfunction/device repair is covered by SJH's repair agreement. Extensive damage (including water damage) is the responsibility of the user/cost center.

**USAGE**

Use of these devices is for hospital business and within the 50 United States. The IRS considers personal use of hospital devices as a taxable excess benefit.

**CONTRACT**

The contract for this device is for one (1) year.

Client's (user's) signature	Date	Director's signature	Date	Vice President's signature	Date