

TB/HIV/STD Section
Account Deactivation Request Form

INSTRUCTIONS:

1. Supervisor and/or LRP must complete form.
2. Complete and submit form to: TBHIVSTD.AccountRequests@dshs.texas.gov

EMPLOYEE INFORMATION

Last Name	First Name	Email
Phone Number	Agency Name	Employee Title/Role
Select Employee Category	Region/Site	Access Termination Date

ACCESS TO DEACTIVATE

THISIS	<input type="checkbox"/> THISIS
GlobalScape	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> ELR <input type="checkbox"/> HIV Prevention <input type="checkbox"/> ICCR <input type="checkbox"/> HIV/STD Public Health Follow-up <input type="checkbox"/> Security <input type="checkbox"/> HIV Surveillance <input type="checkbox"/> STD Surveillance <input type="checkbox"/> TB Program <input type="checkbox"/> TB Surveillance <input type="checkbox"/> Other:
eHARS	<input type="checkbox"/> View only <input type="checkbox"/> Data entry <input type="checkbox"/> Administrator <input type="checkbox"/> VPN
CITRIX STD*MIS	<input type="checkbox"/> Applicant sites MIS database <input type="checkbox"/> eHARS lookup table Worker number: Worker number type:
NTIP	<input type="checkbox"/> NTIP
TB GIMS	<input type="checkbox"/> TB GIMS
EDN	<input type="checkbox"/> EDN
ITEAMS	<input type="checkbox"/> ITEAMS
TB Labware	<input type="checkbox"/> TB Labware

Reason/Justification for Deactivation

SUPERVISOR INFORMATION

First and Last Name	Date
Email	Phone Number