

**General Information**

The removal of a ONE® Network circuit requires a lead time of **30-60 days**.

1. Complete a separate form for each ONE® Network circuit requiring removal.
2. Complete all fields as specified. Fields marked with \* are mandatory and required for initial processing.
3. Return the completed form to [OH-servicedesk@ontariohealth.ca](mailto:OH-servicedesk@ontariohealth.ca) or call 1-866-250-1554 for assistance.
4. Only enter business-related contact information on this form. A statement of confidentiality is included.

**Site Information**

|                                                      |                                                    |                  |               |
|------------------------------------------------------|----------------------------------------------------|------------------|---------------|
| Organization Name*:                                  | Site Name*:                                        |                  |               |
| Suite # - Street Number & Name*:                     | City*:                                             | Province:<br>ON  | Postal Code*: |
| Ontario Health MSUID:                                | Current Location of Ontario Health Equipment:      |                  |               |
|                                                      | Floor                                              | Room name/number | Rack no.      |
| Earliest date circuit can be turned down (MM-DD-YY): | Latest date equipment can be collected (MM-DD-YY): |                  |               |

**Contact Information**

**Business Contact** – Has the authority to make decisions regarding the Ontario Health circuit.  
**Technical Contact** – Has technical knowledge of the Ontario Health circuit and can provide site access.

**Business Contact**

|                                |         |                   |  |
|--------------------------------|---------|-------------------|--|
| First Name*:                   |         | Last Name*:       |  |
| Telephone (include extension): | Cell*:  | Email*:           |  |
| Signature*:                    | Title*: | Date (MM-DD-YY)*: |  |

**Technical Contact**

|                                |        |             |  |
|--------------------------------|--------|-------------|--|
| First Name*:                   |        | Last Name*: |  |
| Telephone (include extension): | Cell*: | Email*:     |  |

## Ontario Health Equipment Retrieval

**Provide any special instructions for the retrieval of the Ontario Health equipment once the circuit has been disconnected**

e.g. where equipment is being kept, access instructions, contact information (*if different from above contacts*).

## Confidentiality

The information collected on this form will be treated in accordance with the terms and conditions of the Ontario Health Services Agreement including Section 8, Confidential Information, Privacy and Personal Information.