



Lab Web Portal Activation & Verification Form

Directions: First, each user must go to <https://prod.labwebportal.com/ar> and select Create New Account to sign-up. Once completed, the accounts must be verified by filling out all fields below. This completed form must then be emailed to ADH.Lab.Web.Portal@arkansas.gov or faxed to 501-661-2258. Each user will receive an email when the account is activated.

Submitter Information:

Organization
 (Facility) Name: _____

Facility Phone Number: _____ Contact Person's Name & Title: _____

Facility Fax Number: _____ Contact's Email: _____

User Information:

First Name	Last Name	Email

User Agreement:

I will abide by the Terms of Use and Privacy Policy, and I understand that it is my responsibility to ensure that all HIPAA and CLIA regulations are followed to maintain the confidentiality of all patient related information. This includes verbal, written, and /or computer information pertaining to data and /or results of patients. I further understand that my username, password, and /or any other internet identifiers related to the Lab Web Portal are not to be disclosed to any person and that I am responsible for all activity that occurs on my account. I understand that it is my responsibility to immediately notify the Arkansas Department of Health if a breach to my account occurs and that the Arkansas Department of Health is not liable for any losses or data breaches due to unauthorized use of my account. I also understand that any misuse or unauthorized use of my account may result in immediate deactivation of my account and that I may be permanently barred from any further use.

(8/20)



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User Signature(s):

My signature indicates that I understand and will abide by the User Agreement, and that I am an authorized user of the Arkansas Department of Health Lab Web Portal for the above Organization (Facility).

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

Authorization Statement:

I authorize the activation of the above account(s) for my organization (facility).

Contact Person's Signature: _____ Date: _____

To Be Completed by the Arkansas Public Health Laboratory:

I have reviewed the above user(s) and approve their activation.

_____	_____	_____	_____
IT Supervisor's Signature	Date	QA Director's Signature	Date
_____		_____	
Lab Director's Signature		Date	

Name & Title of Person Performing Activation: _____ Date Activated: _____