

# UWHC LIS Authorization Form

Fill out Part 1 or Part 2. Part 3 for LIS staff use only.

## Part 1: Authorization:

To be filled out jointly by an authorized Laboratory Supervisor and the new user.

Date: \_\_\_\_\_

### Supervisor:

I hereby request LIS user authorization for:

Last Name: \_\_\_\_\_

Network Log-in ID: \_\_\_\_\_

First Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name of a current user in work area with similar

Supervisor Signature: \_\_\_\_\_

access: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

### User:

User Security Agreement:

I agree that my password is confidential and will not be given out to anyone. I will keep confidential any patient information that I access and not release it. I understand that I am responsible for all accesses made using my tech code.

User Signature: \_\_\_\_\_

User Printed Name: \_\_\_\_\_

## Part 2 Revocation of Authority:

To be filled out by an authorized Laboratory Supervisor:

I hereby request revocation of LIS user authorization for:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_

## Part 3 LIS STAFF USE:

### Horizon

### Tamtron

### Hemocare

User ID (like AMA06): \_\_\_\_\_ User ID (like AMA06): \_\_\_\_\_ User ID (like AMA06): \_\_\_\_\_

Password: \_\_\_\_\_ Password: \_\_\_\_\_ Password: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

LIS Staff Signature: \_\_\_\_\_ LIS Staff Signature: \_\_\_\_\_ LIS Staff Signature: \_\_\_\_\_