

ATTACHMENT A

**OpenELIS Web Portal/iConnect Lab Web Portal Access Request**

**Submit Form**

Click to submit form or email to: [MSPHLInformatics@health.mo.gov](mailto:MSPHLInformatics@health.mo.gov)

Please complete this form to request addition or removal of an individual's access to DHSS/SPHL's OpenELIS Web Portal/iConnect Lab Web Portal. DHSS/SPHL will only consider request forms in which all of the fields have been completed and which contain both the user's and the supervisor's signature. If the organization has multiple locations you will need to access results, please include additional facility addresses on form. If there is more than three locations please complete an additional Attachment A.

**Please Print All Responses on this Form Except for the Signature Lines**

Add Access to:     OpenELIS Web Portal     iConnect Lab Web Portal

Remove Access to:  OpenELIS Web Portal     iConnect Lab Web Portal

Organization Name	
Last Name	
First Name	
User Role (iConnect Lab Web Portal only)	<input type="checkbox"/> Submit Orders Only <input type="checkbox"/> Submit Orders and View Results
Office Name/Unit	
Organization Mailing Address	
Organization 2 <sup>nd</sup> Location Mailing Address (If applicable)	
Organization 3 <sup>rd</sup> Location Mailing Address (If applicable)	
Office Telephone Number	
Office Fax Number	
Email Address	
Access Date	
Termination Date	
Supervisor's Name (Please Print)	
Supervisor's Phone Number:	

By signing this Access Request Form, I certify that I am eligible to be authorized as an approved user of selected system(s). I also understand that Missouri law and the underlying agreement between my organization and DHSS/SPHL limit my use of selected system(s) data only in the performance of my assigned duties. I will not make any inquires that are not required in the performance of my official duties. I further understand that state and federal law requires confidentiality of the selected system(s) information and provide penalties for unauthorized access, use and/or disclosure of information. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my passwords with anyone.

User Signature and Date \_\_\_\_\_

Supervisor Signature and Date \_\_\_\_\_