UNIVERSITY OF TEXAS MEDICAL BRANCH
LABORATORY INFORMATION SERVICES (LIS)

LIS SECURITY LOAD FORM

SEND ALL SECURITY LOAD FORMS TO THE LIS MANAGER, ROUTE 0555

REQUEST DATE: _ _ / _ _ / _ _ _ _

REQUEST TYPE (CHECK ONE)

NEW LOAD _____ CHANGE _____ DELETION _____

LOAD DATE _ _ / _ _ / _ _ _ _ CHANGE DATE _ _ / _ _ / _ _ _ _ DELETE DATE _ _ / _ _ / _ _ _

1. CHIEF TECH OR SUPERVISOR'S NAME

   _____

2. CHIEF TECH OR SUPERVISOR'S EMPLOYEE NO. _____

3. DATABASE COORDINATOR'S NAME

   _____

4. DATABASE COORDINATOR'S EMPLOYEE NO. _____

5. OPERATOR'S NAME

   _____

6. OPERATOR'S EMPLOYEE NO. _____

7. OPERATOR'S JOB TITLE

   _____

8. DIVISION & DEPARTMENT_____

9. WORK CENTER _____

10. VERIFY (Y/N) _____

11. TEST SITE _____

12. INITIAL SCREEN ID _____

13. SHIFT _____

14. AUTHORIZED SIGNATURE

    _____

* WHY DO YOU NEED AN LIS ACCOUNT _____

* ACCESS NEEDS _____

FOR LIS USE ONLY

DATE ACCESS IS GIVEN IN LIS _ _ / _ _ / _ _ _ _ ACCESS GIVEN BY _____

AUTHORIZED OPERATOR TRANSACTION LOAD FORM

REQUEST TYPE (CHECK ONE)

ADD TRANSACTION _____ CHANGE TRANSACTION _____ DELETE TRANSACTION _____

LAB ID GIVEN _____

EMPLOYEE TYPE _____

PASSWORD _____

Only those persons with a need of patient information will be granted access to the Laboratory Information System. All patient information is to be considered as

C O N F I D E N T I A L

FORM REVISED 07/31/2000