

**The University of Texas Medical Branch at Galveston**

**ISSA Security Load Form**

Laboratory Information Services (LIS)

Please complete this form for each employee

Send Form to the LIS Manager Route 0555

Request Date:

Request Type (Please check one):

New            Change            Delete

Access Start Date:

Requestor's Name:

Requestor's Pager:

Requestor's Phone:

Requestor's Email Address:

Requestor's Employee #:

Requestor's Department:

Supervisor's Name:

Requestor's Division:

Supervisor's Phone:

Requestor's Title:

Why do you need an ISSA account:

Access needs:

**User Type**

**Please check one:**

Pathologist

Pathology Assistant

Resident

Other

Director/Chief Tech Signature:

Date:

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**For LIS Use Only**

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Date Access is Given in LIS:

Access Given by:

Request Type (Please check one):

New Transaction            Change Transaction            Delete Transaction

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ISSA Username Given:

**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 CONFIDENTIAL.**

Employee user type:

Password: