



Cabinet for Health and Family Services

Mail completed, signed form to:
Division of Laboratory Services
Attention: KY-LWO Customer Service Center
100 Sower Blvd. Ste 204
Frankfort KY 40601
1-502-564-4446 X 1



Kentucky Laboratory Web Outreach Access Request Form

This form must be completed for any person needing permission to access the Kentucky Laboratory Web Outreach (KY-LWO) system. All information must be accurate and complete. The form must be completed in ink or typed; all information must contain the appropriate authorizing signature. When the form is completed and signed, it must be sent to the LWO Customer Service Center for verification and approval by the KY- LWO Program Director.

User Profile

USER'S NAME: REQUEST DATE:

FACILITY NAME AND ADDRESS:

CITY: COUNTY:

WHAT TEST DO YOU ROUTINELY ORDER?

JOB TITLE/FUNCTION:

WORK EMAIL ADDRESS: OFFICE PHONE:

YOUR OFFICE INFORMATION TECHNOLOGY/INFORMATIONS SYSTEMS CONTACT PERSONS NAME, TELEPHONE NUMBER AND EMAIL ADDRESS:

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER (PIN#):

Table with 2 columns: NEWBORN SCREENING TESTS, ALL OTHER CLINICAL AND ENVIRONMENTAL TESTS

USER'S SIGNATURE: DATE:

SUPERVISOR'S SIGNATURE: DATE:

STATE LABORATORY DIRECTOR/DESIGNEE: DATE:

FOR USE BY KY-LWO PERSONNEL ONLY:
USER ID CREATED BY (KY-LWO ADMINISTRATOR): USER ID CREATED
CREATED DATE: NBS or ALL OTHERS: