



Lab Web Portal Activation & Verification Form

Directions: First, each user must go to <https://prod.labwebportal.com/ar/#/auth/login> and create a new account. Once completed, the accounts must be verified by filling out this form. The completed form must then be emailed to [ADH.Lab.Web.Portal@arkansas.gov](mailto:ADH.Lab.Web.Portal@arkansas.gov) or faxed to 501-661-2258. Each user will receive an email when the account is activated.

**Submitter Information:**

Organization  
 (Facility) Name: \_\_\_\_\_

Facility Phone  
 Number: \_\_\_\_\_

Contact Person's  
 Name & Title: \_\_\_\_\_

Facility Fax  
 Number: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

Tests to be Requested:  Flu/Covid-19/RSV  Clinical Microbiology/CPO  TB/Mycology  
 Gonorrhea/Chlamydia/Trichomonas  Syphilis/HIV

**User Information:**

| First Name | Last Name | Email |
|------------|-----------|-------|
|            |           |       |
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|            |           |       |

**User Agreement:**

I will abide by the Terms of Use and Privacy Policy, and I understand that it is my responsibility to ensure that all HIPAA and CLIA regulations are followed to maintain the confidentiality of all patient related information. This includes verbal, written, and /or computer information pertaining to data and /or results of patients. I further understand that my username, password, and /or any other internet identifiers related to the Lab Web Portal are not to be disclosed to any person and that I am responsible for all activity that occurs on my account. I understand that it is my responsibility to immediately notify the Arkansas Department of Health if a breach to my account occurs and that the Arkansas Department of Health is not liable for any losses or data breaches due to unauthorized use of my account. I also understand that any misuse or unauthorized use of my account may result in immediate deactivation of my account and that I may be permanently barred from any further use.



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**User Signature(s):**

My signature indicates that I understand and will abide by the User Agreement, and that I am an authorized user of the Arkansas Department of Health Lab Web Portal for the above Organization (Facility).

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |

**Authorization Statement:**

I authorize the activation of the above account(s) for my organization (facility).

Contact Person's

Date:

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

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**To Be Completed by the Arkansas Public Health Laboratory:**

I have reviewed the above user(s) and approve their activation.

|                           |       |                         |       |
|---------------------------|-------|-------------------------|-------|
| _____                     | _____ | _____                   | _____ |
| IT Supervisor's Signature | Date  | QA Director's Signature | Date  |
| _____                     |       | _____                   |       |
| Lab Director's Signature  |       | Date                    |       |

Name & Title of Person

Performing Activation: \_\_\_\_\_ Date Activated: \_\_\_\_\_