



Lab Web Portal User Deactivation Form

Directions: Complete this form to deactivate any user accounts and email the completed form to [ADH.Lab.Web.Portal@arkansas.gov](mailto:ADH.Lab.Web.Portal@arkansas.gov) or fax to 501-661-2258.

**Submitter Information:**

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

Facility Phone Number: \_\_\_\_\_ Contact Person's Name & Title: \_\_\_\_\_

Facility Fax Number: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

**User Information:**

First Name	Last Name	Email

**Deactivation Statement:**

I authorize the deactivation of the above account(s) due to the employee leaving the facility, no longer needing access to the Lab Web Portal to perform their job duties, etc.

Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

\_\_\_\_\_

IT Supervisor's Signature                      Date                      QA Director's Signature                      Date

\_\_\_\_\_

Lab Director's Signature                      Date

Name & Title of Person Performing Deactivation: \_\_\_\_\_ Date Deactivated: \_\_\_\_\_