Request for Users Access to STARLIMS Public Health Clinical System

LDH - OPH Central Laboratory

Submitter/Facility:			**Parish:**	
Telephone Number:				
User First & Last Name	**Email Address**	**Sign In Username***	**Job Title**	**Add or Delete?**

Approval (Medical Director, Clinic/Lab Director, Clinic Manager, Nurse Manager, or Nurse Supervisor)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

*For LDH/DHH End Users, please provide your network user name. For other external end users, it will be the first letter of your first name and full last name. If the username already exists in the system, the LIMS Administrator will contact the user.