

**Dynacare Laboratories  
9200 W. Wisconsin Avenue  
Milwaukee, WI 53226**

## Internet Access Request Form

- Labworks**  
 **LTC Ordering**

<b>Demographic Information (Please Print Clearly)</b>				
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Phone Number</b>	<b>Social Security Number</b>
<b>Client Name</b>			<b>Client Number</b>	<b>E-mail Address</b>

<b>Reason for Request (Circle all appropriate answers)</b>			
<b>New User</b>	<b>Inactivation</b>	<b>Reset Password</b>	<b>New Name-Identify Old Name</b>

**Please read confidentiality statement below and sign the form.**

User acknowledges that the use of Labworks and access to the Labworks Information will involve access to highly confidential information. User agrees to ensure that use of Labworks and all information obtained through its use by User is in compliance with all applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and all regulations relating thereto and any other laws and regulations governing restricted access to and the confidentiality of patient clinical records and individually identifiable health information. User agrees that User shall not disclose, by any means, such information to any unauthorized person, business, or other entity. User agrees that User shall not permit any unauthorized person, business or entity to review or copy any such information except as provided by law. User will be responsible for violation of any applicable law and for any misuse of that information.

<b>Signature</b>	<b>Date</b>
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**Submit Internet Access Form with Confidentiality Statement to your Sales Representative.**

<b>LIS Section – Please Do Not Write in this Section</b>		
<b>Labworks User ID</b>	<b>LTC User ID</b>	<b>Labworks Password/LTC Password</b>
<b>Security Administrator</b>	<b>Date</b>	<b>Tested Successful</b>

**Fax to 414-805-4535 or 877-411-0004      Attn: Mark Kontos**