



MICHELLE LUJAN GRISHAM  
Governor

DR. TRACIE C. COLLINS, M.D.  
Cabinet Secretary

## REQUEST FOR ACCESS TO THE SCIENTIFIC LABORATORY DIVISION (SLD) LABWARE CLIENT LIMS

- Request for Access\*     Access Termination     Facility Transfer\*\*
- DOH Facility     Non-DOH Facility

### **Submitter Information (must match information on record with SLD)**

\* If access to multiple facilities is needed, please fill out a separate form for each facility.

\*\*Access to current facility will be deactivated and replaced with facility indicated on this form.

**SLD Submitter Code:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

### **User Information**

**Name (First, MI, Last Name):** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Direct Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Supervisor Authorizing Request:** \_\_\_\_\_

**Supervisor's Email Address:** \_\_\_\_\_

**Supervisor's Phone Number:** \_\_\_\_\_

### **LEGAL NOTICE:**

Labware LIMS (herein referred to as "system") is the property of the New Mexico Department of Health. Access to this system and the information contained herein is restricted to employees and individuals specifically authorized by the Department of Health.

All uses of this system and all information stored on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized Department of Health, law enforcement personnel, or authorized officials. The Department of Health may monitor the use of this system for purposes related to security management, system operations, HIPAA compliance, and intellectual property compliance. By using this system, the user consents to such activity at the discretion of the Department of Health and understands that they have no explicit or implicit expectation of privacy.

Unauthorized or improper use of this system may result in removal of access permissions and judicial prosecution for civil and criminal penalties to the fullest extent allowed by law. By using this system you indicate your awareness of and consent to these terms and conditions of usage.

**CONFIDENTIAL PATIENT INFORMATION TRANSFER OF DATA**

By signing this document, you are agreeing to the terms that:

- 1. The password(s) and username(s) provided to you be used only by the SLD approved designated user(s) (the designated user is the "username" person name)
- 2. Only your own Institution/Program(s) data is accessed.

Downloading, de-encrypting or otherwise utilizing patient data for which permission has not been granted is a violation of New Mexico statutes and federal laws. The password recipients and the programs or institutions they represent agree to indemnify and hold harmless the Department of Health, its agents and employees from any damages or sanctions caused by the misuse of the data maintained by the Scientific Laboratory Division.

The Parties acknowledge that patient records in the control and/or custody of the parties are confidential pursuant to state law.

**User Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit completed form to DOH-Labware.Client@state.nm.us**

**FOR Specimen Receiving (SR) SLD USE ONLY**

**Submitter Verified in LIMS**  
 Specimen Receiving Initials and Date: \_\_\_\_\_

**Submitter not Verified in LIMS**  
 SR Initials and Date: \_\_\_\_\_  
 Follow up Response: \_\_\_\_\_  
 \_\_\_\_\_

**Access to:**  Clinician \_\_\_\_\_ or  All Clinicians

Comments: \_\_\_\_\_

Sent to ITSD Help Desk. Initial and Date: \_\_\_\_\_