



Web Portal Authorization Request for WSLH Partners and Clients

Use Policy:

Access to the laboratory online ordering and results presentation portal for UW Cytogenetic Services and Molecular Genetics, Outreach, will be managed by the Wisconsin State Laboratory of Hygiene UW Cytogenetic Services and Molecular Genetics.

Access for healthcare providers may be restricted to results/specimen status or a limited test menu when the affiliated healthcare organization has a centralized send out laboratory for management of test orders. Authorization verification and healthcare organization affiliation will be reviewed annually.

Users placing orders via Outreach are responsible for the cost of testing.

Access for healthcare organizations may include test ordering and results/specimen status.

Orders made using an institutional billing account must have prior authorization with the health organization to use that account.

Users entering private insurance billing information are required to also provide an advanced beneficiary notice (ABN).

Request for: New Account Deletion Change
(check one)

User Information:

Last Name: _____ First Name: _____ MI. _____

Employee of: _____ Position Title: _____

Work Phone: _____ Email address: _____

System Access: Please indicate access needed.

- OutReach Cytogenetics (WindoPath) web portal account
 - Provider Access (direct test order capabilities may be limited per affiliated healthcare organization)
 - Healthcare organization Access

User Security and Use Policy Agreement – User's signature can be obtained after the initial start date. When I am given an account on a WSLH web portal I will create a password that I will not reveal to anyone. I understand that I may only access information for which I have been authorized. I understand that I must keep patient data confidential and comply with all HIPAA regulations. I understand that I am responsible for the cost of testing I order. I have read, understand and will abide by the use policy.

User's Signature: _____ **Date:** _____

WSLH Responsible Supervisor Name: _____

WSLH Responsible Supervisor Signature: _____ **Date:** _____

My signature certifies that this Partner/Client has requested access appropriate for their responsibilities. Please scan and submit this completed form to the Service Desk via FootPrints.

Please fax this form to UW Cytogenetic Services and Molecular Genetics at (608) 265-7818.
Questions? Please call (608)-262-0402.