

Princeton Online System Access Form

Princeton Biomedical Laboratories

Please Check One: New User Modify User Delete User

USER INFORMATION

First Name: _____ **Last Name:** _____
Dept/Div _____ Title: _____
Location: _____
Phone _____ e-mail _____

ACCESS REQUESTED

| | | |
|---------------------------------------|---------------------------------|---------------------------------|
| Patient Test Report | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| Patient Cumulative Report | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| Culture and Sensitivity Report | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| Out of Range Summary Report | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| Patients Accession Report | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| New Suggestion: | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |
| Create a Order | <input type="checkbox"/> Review | <input type="checkbox"/> Modify |

I agree to use this account for access to the Princeton Online server responsibly. I will not share my password with any other user and will notify the Princeton web department if I feel my password has been compromised.

Requester's Signature: _____ Date: _____

Authorization

Authorizing Department Head Name: _____

Authorizing Signature: _____ Date: _____

| To be completed by the Security Department | |
|--|-----------------------|
| Login: _____ | Password: _____ |
| Connecting Through: Web | |
| Completed By: _____ | Date Completed: _____ |