

**Mississippi State Department of Health  
ThreatScreen Production Organization Request Form**

Organization Name

Mailing Address 1

Mailing Address 2

City

State

Zip

Telephone

Contact Name

Email address (optional)

County \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach list if more than 5 counties

Security Contact (Print Name) \_\_\_\_\_

Security Contact (Signature) \_\_\_\_\_

VPN Access Requested?      Y                  N

Approved By \_\_\_\_\_

<b><i>OHI use only</i></b>	Form No. TS2-1
IRM Received Date	<input type="text"/>
TIS Received Date	<input type="text"/>
TIS Completed Date	<input type="text"/>
IRM Completed Date	<input type="text"/>