

Mississippi Public Health Laboratory (MPHL) Web Portal User Registration

The Mississippi Public Health Laboratory (MPHL) has transitioned to a new Laboratory Information Management System (LIMS) as of March 2023. This transition includes a new web portal (Epic uView) for obtaining results generated by MPHL for your facility. Each facility will designate a Site Administrator that will add/delete new users at their facility and update/reset passwords.

By signing this Agreement, the user agrees to the following items:

1. Use only the login credentials authorized by MPHL and do not share, distribute or otherwise divulge your login and password to any other individual, including co-workers.
2. Only access test results required by your employer (MPHL client).
3. Report to the MPHL any discovery of information for MPHL clients other than your organization.
4. Comply with all federal, state, and local laws, regulations and ordinances regarding confidentiality of information.
5. Recognize that MPHL will monitor use of the web portal by individual users and that laboratory reports can be modified solely by MPHL.
6. Not perform any operation that may result in a breach of security or disable the web portal.

Facility name: _____

Facility Address: _____

Facility Phone #: _____

Designated Site Administrator Name: _____

(Please print first and last name)

Designated Site Admin Signature: _____

Site Administrator Phone #: _____

Site Administrator email: _____

Site Administrator DOB: _____

Date: _____

Email completed form to LIMSadmin@msdh.ms.gov or fax the completed form to the attention of LIMS Administration at 601-576-7037.

Mississippi Public Health Laboratory (MPHL) Web Portal User Registration Instructions

Purpose

This form is used to register your facility and Site Administrator for your facility, for online access to the MPHL Web Portal which is used to provide test results from the Mississippi Public Health Laboratory.

Instructions

1. **Facility Name** - Enter the name of the organization that will be receiving data. which contains protected health information.
2. **Facility Address** - Enter the address of the organization.
3. **Facility Phone #:** - Enter the phone number of the organization.
4. **Designated Site Administrator** - Representative of the organization who will add/delete users and update/reset passwords for your facility should print name, sign, and date the form.
5. **Phone number and email address of Site Administrator, including area code** - Enter voice phone number and email address of contact (The email address must be associated with the facility). This number and email will serve as the primary contact regarding web portal issues.
6. **Site Administrator DOB** – Date of birth of site administrator will be used for security purposes (example – unlocking account).