



# **Texas Department of State Health Services Laboratory Services Section**

## **Newborn Screening Web Based Systems Manual**

**April 2009**

Version 1.3

This manual has been developed to assist facilities in accessing and using the NBS Web Based System. Please feel free to share feedback and comments on ways we can improve this guidance tool or the system in general.



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## **I. INTRODUCTION**

The Department of State Health Services (DSHS) Laboratory has implemented new applications in order to provide faster and more accurate demographic data entry and faster reporting of final test results to health facilities submitting NBS specimens. The program is offering a web-based system (WEB) providing twenty-four hour access and direct HL7 file transfer options. Brief overviews of the applications are supplied below.

### **NBS Demographic Data Entry at Submission Site (WEB)**

Via a secure website, <https://dshsnbsweb.dshs.state.tx.us>, your facility will be able to enter and submit all specimen demographic information currently written on collection cards. After completion, you will then print a label to attach to the specimen collection card prior to mailing.

### **Online Viewing of Final Results (WEB)**

Via a secure website, <https://dshsnbsweb.dshs.state.tx.us>, your facility will be able to view and print results on all specimens submitted. With appropriate identifying information, primary care providers will also be able to print first screen results on infants that are now in their care.

### **Direct HL7 File Transfer of Demographic Information and Final Results (HL7)**

If your facility currently utilizes HL7 file transfer, our vendor will work with you to configure files for transfer of demographic information from your facility to ours, and to accept HL7 files of final results.

This manual will provide detailed instructions on accessing and utilizing the WEB components noted above. A separate instruction manual will be provided for facilities using the HL7 file transfer application.

## **II. CONTACT INFORMATION**

The NBS Contact List (Appendix A) is provided to assist with questions regarding the Newborn Screening Program.

If you encounter any difficulties with accessing the WEB applications, please contact the DSHS Laboratory Application Support area via email at [LabAppSupport@dshs.state.tx.us](mailto:LabAppSupport@dshs.state.tx.us).

For any other questions and/or comments, you may contact Susan Hoffpauir at 1-888-963-7111 ext. 6030 or email the DSHS Laboratory at [LabInfo@dshs.state.tx.us](mailto:LabInfo@dshs.state.tx.us).

## **III. NECESSARY EQUIPMENT/SUPPLIES**

### **PRINTERS**

A label printer is required to print the labels that will be attached to the NBS card. Three label printers that have passed testing with these applications are:



1. Zebra LP2824
2. DYMO LabelWriter 400 Turbo
3. Brother P-touch QL-5000

If you are using the Web application, you will need to configure your internet browser to allow label printing. Depending on the security settings of the facility, it may be necessary for IT staff to adjust these settings. The steps to do this are:

1. Click tools, internet options, security.
2. Click Trusted Sites.
3. Click Sites
4. Add your site to the trusted sites listing, <https://dshsnbsweb.dshs.state.tx.us>
5. Set security for this zone to Medium-Low

**It will also be necessary to configure your printer driver to print the required label.** Printer configuration steps are outlined in the document Web Printer Installation.doc.

## **LABELS**

DSHS requires that the labels be placed on the NBS demographic forms prior to shipment. The recommended label size is 2" x 4", a standard Shipping label.

The serial number printed on the label **MUST MATCH** the serial number on the form and attached filter card. **Missing or mismatched labels may result in specimen rejection.**

Placement of the label on the NBS card is important. The label must not cover the bar code or the serial number.

## **SECURITY AND ACCESS FORMS**

In order to gain access to the Web or HL7 application, each user must complete the Security and Access forms (Appendix B). Once the properly completed forms have been received by DSHS, a user name and password will be provided to each qualified user.

The DSHS Laboratory Application Support area will issue the passwords. You may contact them via email at [LabAppSupport@dshs.state.tx.us](mailto:LabAppSupport@dshs.state.tx.us) if you have any questions and/or difficulties accessing the application(s).

## **SOFTWARE**

In order to view the test result reports on the Web application, you will need Acrobat Reader v8 or higher installed on the computer. A link to a free download of Acrobat Reader v8 is accessible from the Result Reports Search page on the website.

#### IV. WEB APPLICATION BUSINESS RULES

The DSHS Newborn Screening Laboratory will follow the below business rules regarding specimens with remote entered demographic information.

1. The submitting facility assumes responsibility to ensure that data submitted electronically is accurate at the time of receipt of the physical specimen at DSHS.
2. All physical specimens with electronically submitted demographic information must include a DSHS approved demographic label OR all required hand entered information.
3. **A specimen may be rejected if:**
  - a. The demographic form and attached web label have mismatched serial numbers.
  - b. Remotely entered demographic information does not match the hard copy (label) information provided on the demographic form unless corrections are made as specified below.
4. **Specimens with successful data transfers:**
  - a. For all acceptable specimens with a label AND hand entered information on the demographic form, DSHS will process tests based on the information provided on the label only.
  - b. Labels (or hand entered information in the absence of a label) will be used for verification and emergency purposes only. All DSHS testing will be based on remote entered information available when DSHS demographic processing occurs.
  - c. Submitters may make corrections to remote entered information on the web label. Please make corrections to the label as follows – preferably using red ink:
    - i. Strike through the incorrect items with a single line.
    - ii. Print corrections neatly directly adjacent to the struck through item.
    - iii. Initial all changes.
5. **Specimens with unsuccessful data transfers:**
  - a. For all acceptable specimens with a label only, DSHS will process tests based on the information provided on the label.
  - b. For all acceptable specimens with a label AND hand entered information on the demographic form, DSHS will process tests based on the information provided on the label only.
  - c. For all acceptable specimens with hand entered information only, DSHS will process tests based on the handwritten information.

#### V. USING THE WEB APPLICATIONS

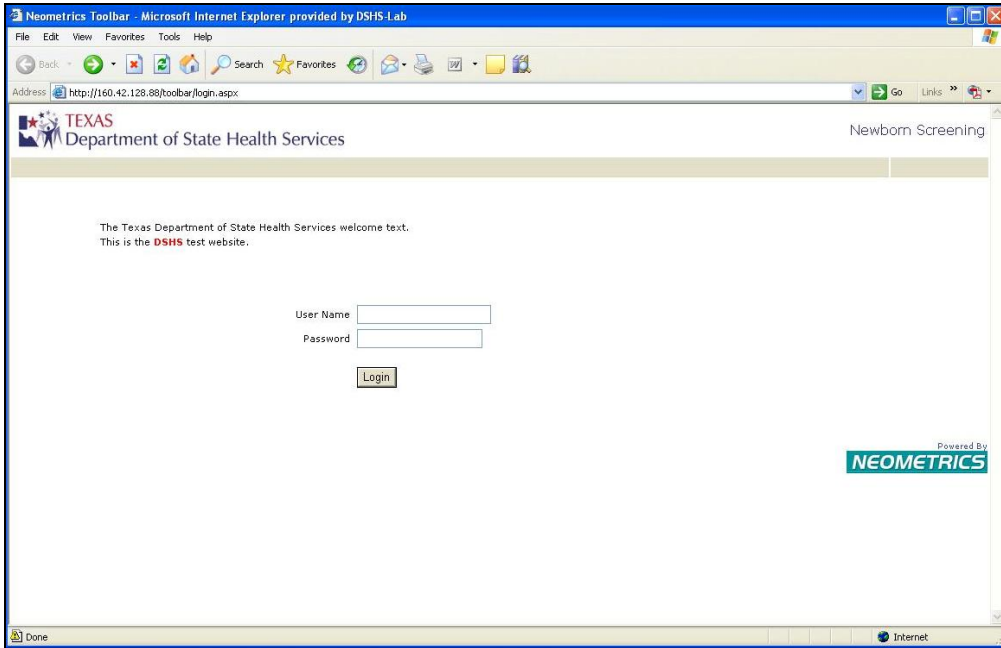
The Web applications are designed to allow a submitter to input NBS specimen demographic information via the system's Remote Data Entry module (RDE) and to view final test results via the Secure Remote Viewer (SRV). It is recommended that your label printer be turned on and ready to print labels when logging into the application.

**Note: Your session will time out after 20 minutes of inactivity.**

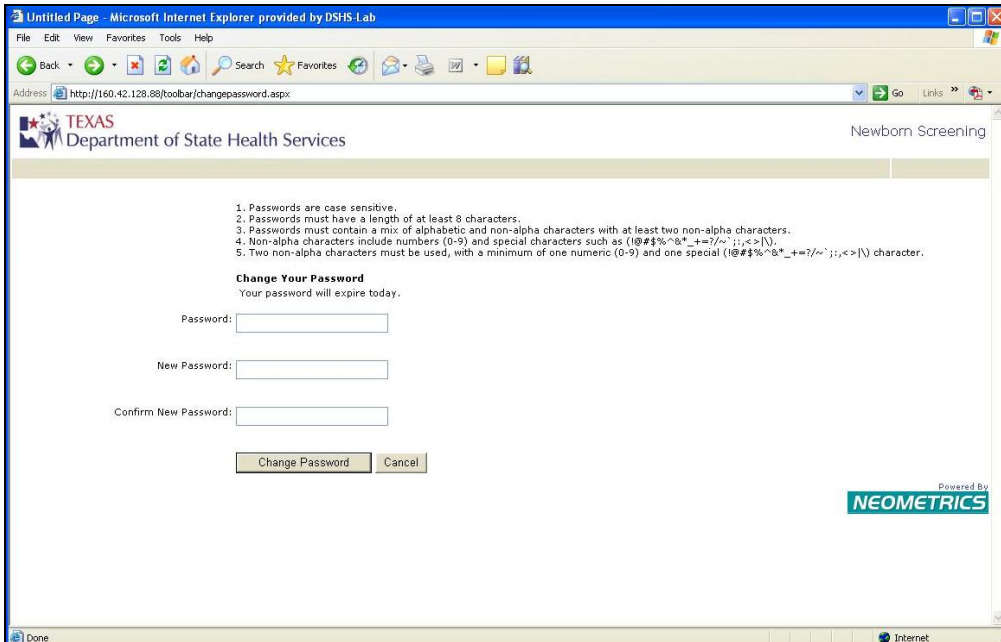
#### Demographic Entry

## A. Access and Login

1. Open Web Browser and go to <https://dshsnbsweb.dshs.state.tx.us>
2. Enter User Name and Password; select “Login”.

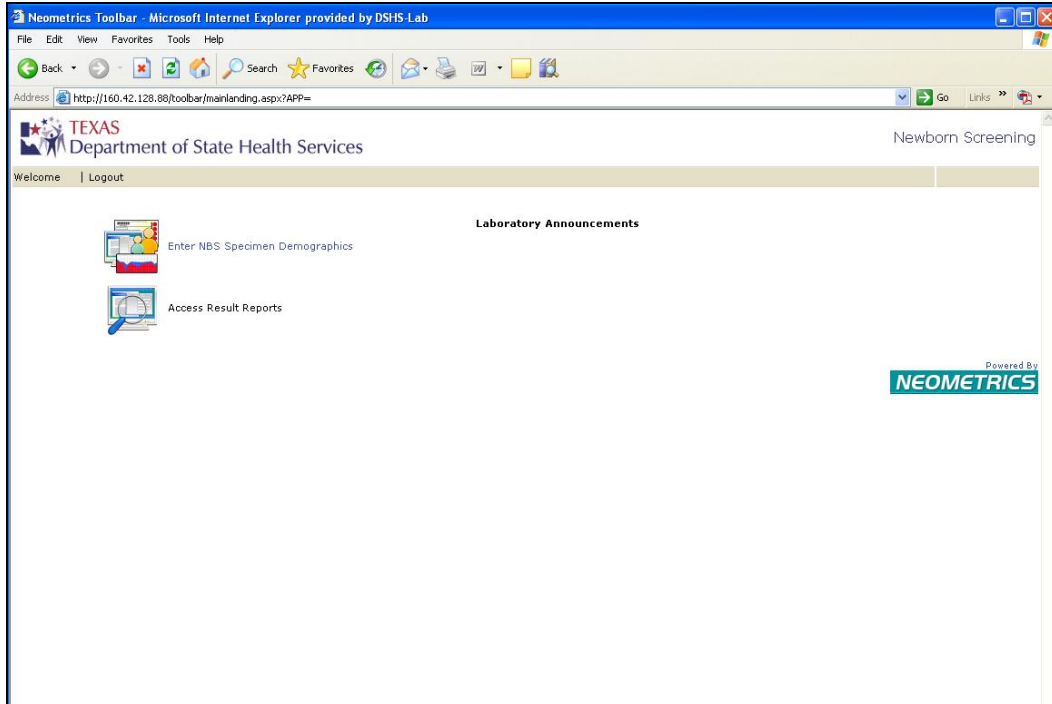
A screenshot of a Microsoft Internet Explorer browser window. The title bar says "Neometrics Toolbar - Microsoft Internet Explorer provided by DSHS Lab". The address bar shows "http://160.42.128.88/toolbar/login.aspx". The page header includes the Texas Department of State Health Services logo and the text "Newborn Screening". The main content area has a welcome message: "The Texas Department of State Health Services welcome text. This is the DSHS test website." Below this is a login form with fields for "User Name" and "Password", and a "Login" button. In the bottom right corner, it says "Powered By NEOMETRICS". The status bar at the bottom shows "Done" and "Internet".

After initial sign-in, you will be prompted to change your password. Complete; select “Change Password”.

A screenshot of a Microsoft Internet Explorer browser window. The title bar says "Untitled Page - Microsoft Internet Explorer provided by DSHS Lab". The address bar shows "http://160.42.128.88/toolbar/changepassword.aspx". The page header includes the Texas Department of State Health Services logo and the text "Newborn Screening". The main content area lists five password requirements: 1. Passwords are case sensitive. 2. Passwords must have a length of at least 8 characters. 3. Passwords must contain a mix of alphabetic and non-alpha characters with at least two non-alpha characters. 4. Non-alpha characters include numbers (0-9) and special characters such as (!@#\$%^&\*+~?/~-';:,<>|). 5. Two non-alpha characters must be used, with a minimum of one numeric (0-9) and one special (!@#\$%^&\*+~?/~-';:,<>|) character. Below the requirements is a section titled "Change Your Password" with the note "Your password will expire today." and three input fields: "Password:", "New Password:", and "Confirm New Password:". At the bottom are "Change Password" and "Cancel" buttons. In the bottom right corner, it says "Powered By NEOMETRICS". The status bar at the bottom shows "Done" and "Internet".

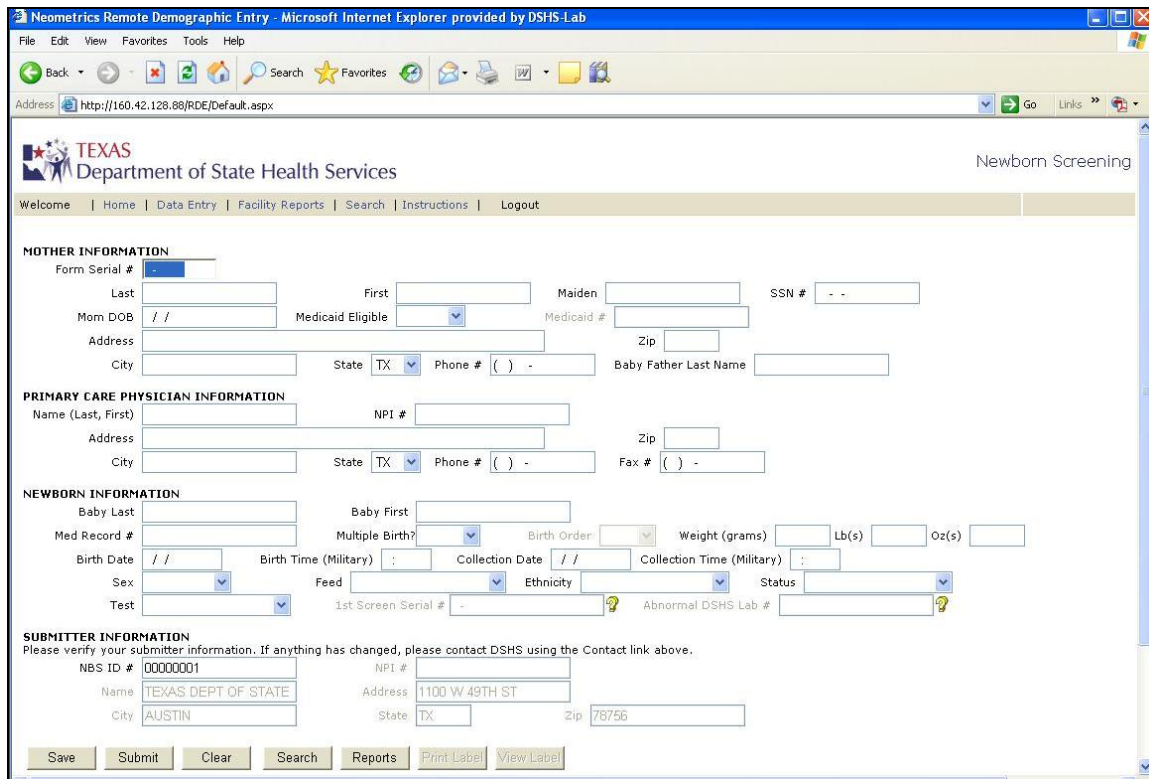


Upon successful login, the Newborn Screening Remote Services Home page will be displayed. From this screen, the user can choose to enter specimen demographic information or retrieve specimen results.



## B. Entering demographics

1. To begin the Data Entry module, select “Enter NBS Specimen Demographics”.
2. The Data Entry screen will appear. Complete all fields.
  - a. Data entry tips:
    - If the required phone number is unavailable, please enter all 9s.
    - Enter dates in the following format: mm/dd/yyyy



The screenshot shows the "Neometrics Remote Demographic Entry" web application running in Microsoft Internet Explorer. The browser address bar shows the URL: `http://160.42.128.88/RDE/Default.aspx`. The page header includes the Texas Department of State Health Services logo and the text "Newborn Screening". A navigation bar contains links: Welcome, Home, Data Entry, Facility Reports, Search, Instructions, and Logout.

The main content area is divided into several sections for data entry:

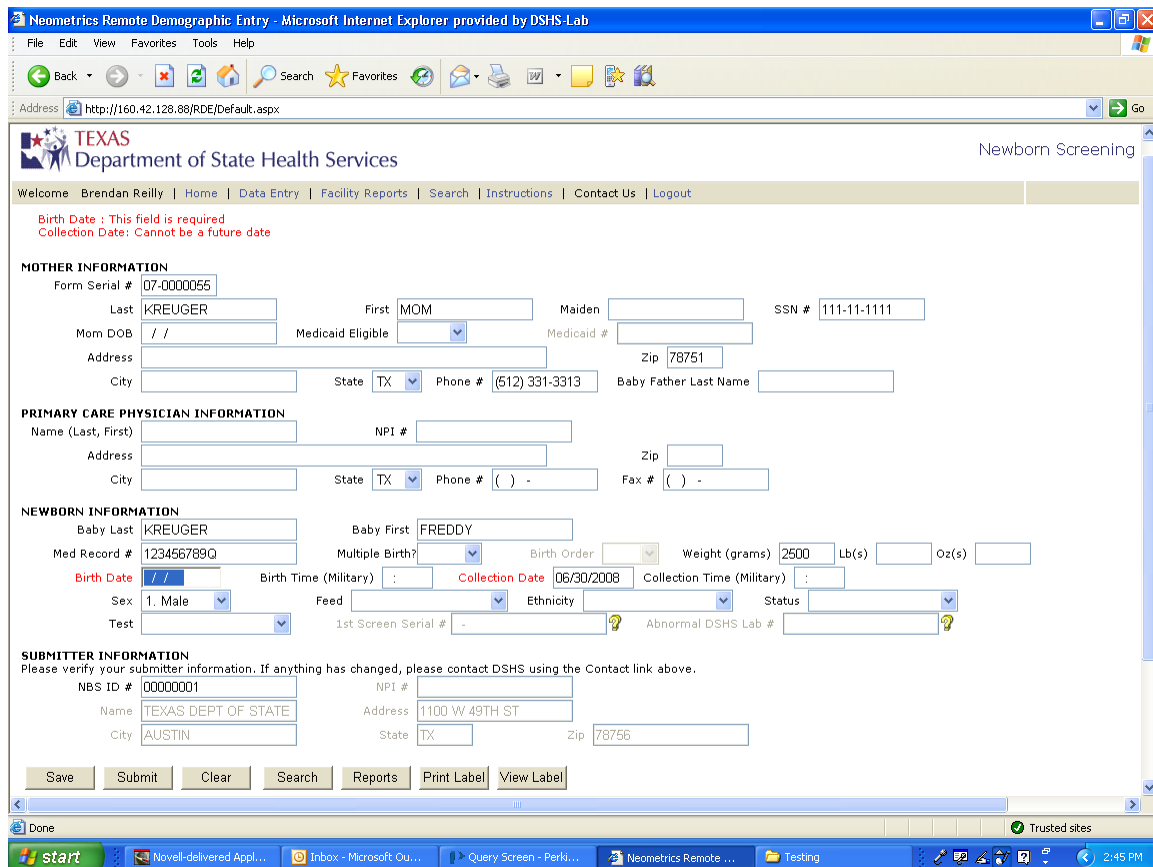
- MOTHER INFORMATION:** Includes fields for Form Serial #, Last, First, Maiden, SSN #, Mom DOB, Medicaid Eligible, Medicaid #, Address, City, State (TX), Phone #, Zip, and Baby Father Last Name.
- PRIMARY CARE PHYSICIAN INFORMATION:** Includes fields for Name (Last, First), NPI #, Address, City, State (TX), Phone #, Zip, and Fax #.
- NEWBORN INFORMATION:** Includes fields for Baby Last, Baby First, Multiple Birth?, Birth Order, Weight (grams), Lb(s), Oz(s), Birth Date, Birth Time (Military), Collection Date, Collection Time (Military), Sex, Feed, Ethnicity, Status, Test, 1st Screen Serial #, and Abnormal DSHS Lab #.
- SUBMITTER INFORMATION:** Includes a note to verify information and fields for NBS ID #, Name (TEXAS DEPT OF STATE), Address (1100 W 49TH ST), City (AUSTIN), State (TX), and Zip (78756).

At the bottom of the form, there are buttons for Save, Submit, Clear, Search, Reports, Print Label, and View Label.



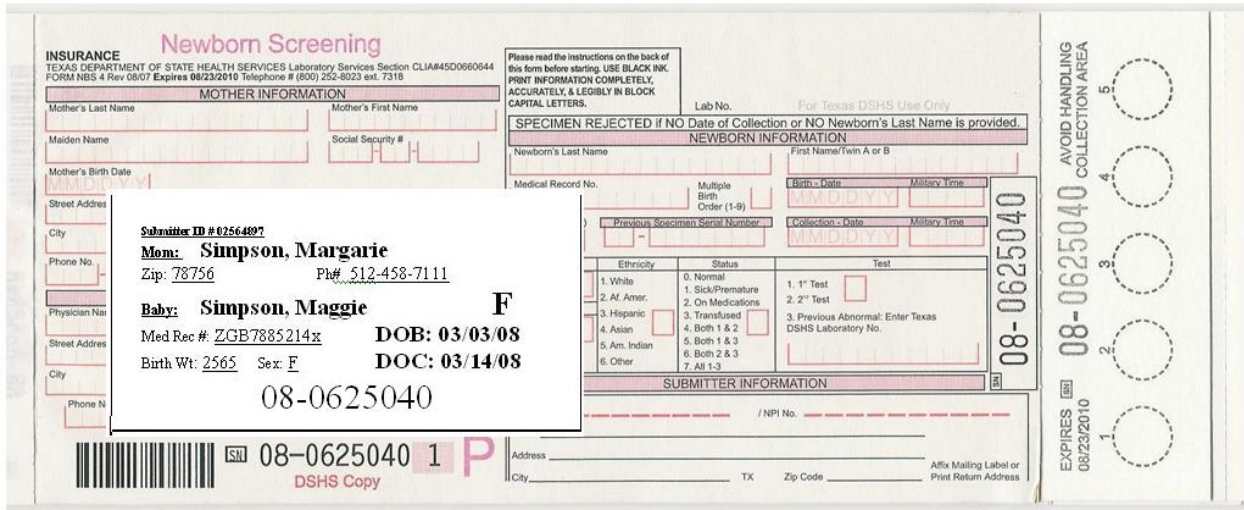
- Ideally, all requested fields should be completed to ensure accuracy of testing. The Newborn Screening Demographic Entry Module requires entry and validity of key fields prior to electronic acceptance.

Missing data and validation errors will display in red at the top of the screen. The title of the field with an issue will also turn red.



- If necessary, you can choose to “Save” the data already entered and return later to add missing information. HOWEVER - The actual specimen cannot be mailed to DSHS until all information is submitted and a label is printed. Saved files should be completed as soon as possible!
- Once all of the information is successfully entered, select “Submit” to forward the information to the DSHS Laboratory.

6. Print and place the label on the NBS demographic form. **Ensure the form serial number on the label matches the form serial number on the demographic form.** Then mail NBS card to the DSHS Laboratory. See below for proper placement of label on form. Multiple labels can be printed by selecting the number of copies in the Print dialog box.



**INSURANCE**  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES Laboratory Services Section CLJ#A45D060644  
FORM NBS 4 Rev 08/07 Expires 08/23/2010 Telephone # (800) 252-9023 ext. 7318

**Newborn Screening**

Please read the instructions on the back of this form before starting. USE BLACK INK. PRINT INFORMATION COMPLETELY, ACCURATELY, & LEGIBLY IN BLOCK CAPITAL LETTERS.

**MOTHER INFORMATION**

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Mother's Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**NEWBORN INFORMATION**

Lab No. \_\_\_\_\_ For Texas DSHS Use Only  
SPECIMEN REJECTED IF NO Date of Collection or NO Newborn's Last Name is provided.  
Newborn's Last Name: \_\_\_\_\_ First Name/Twin A or B: \_\_\_\_\_  
Medical Record No.: \_\_\_\_\_ Multiple Birth Order (1-9): \_\_\_\_\_  
Previous Specimen Serial Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Military Time: \_\_\_\_\_  
Collection Date: \_\_\_\_\_ Military Time: \_\_\_\_\_

**ETHNICITY**

1. White ☐ 2. At. Amer. ☐ 3. Hispanic ☐ 4. Asian ☐ 5. Am. Indian ☐ 6. Other ☐

**STATUS**

0. Normal ☐ 1. Sick/Premature ☐ 2. On Medications ☐ 3. Transfused ☐ 4. Both 1 & 2 ☐ 5. Both 1 & 3 ☐ 6. Both 2 & 3 ☐ 7. All 1-3 ☐

**TEST**

1. 1" Test ☐ 2. 2" Test ☐ 3. Previous Abnormal: Enter Texas DSHS Laboratory No. \_\_\_\_\_

**SUBMITTER INFORMATION**

Submitter ID # 02564897  
Mom: **Simpson, Margarie**  
Zip: 78756 Pk# 512-458-7111  
Baby: **Simpson, Maggie** F  
Med Rec #: ZGB7885214x DOB: 03/03/08  
Birth Wt: 2565 Sex: F DOC: 03/14/08  
08-0625040

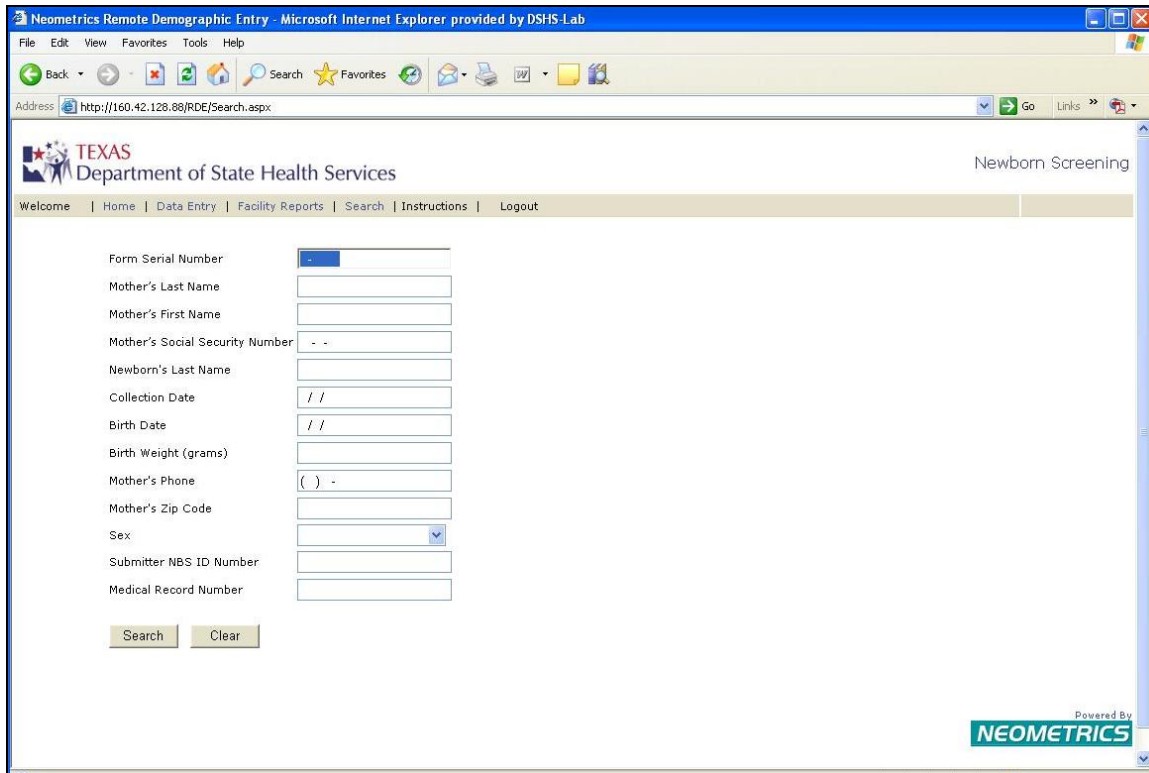
08-0625040 1 P  
DSHS Copy

Address: \_\_\_\_\_ TX Zip Code: \_\_\_\_\_ Affix Mailing Label or Print Return Address

AVOID HANDLING COLLECTION AREA  
EXPIRES 08/23/2010

7. To access a previously saved specimen or to reprint a label for a previously submitted specimen, select "Search" from the menu list.

Complete one or more of the fields listed below and select the "Search" button.



Neometrics Remote Demographic Entry - Microsoft Internet Explorer provided by DSHS Lab

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Home

Address http://160.42.128.88/RDE/Search.aspx

Go Links

**TEXAS**  
Department of State Health Services

Newborn Screening

Welcome | Home | Data Entry | Facility Reports | Search | Instructions | Logout

Form Serial Number: [dropdown]  
Mother's Last Name: [text]  
Mother's First Name: [text]  
Mother's Social Security Number: [text]  
Newborn's Last Name: [text]  
Collection Date: [text]  
Birth Date: [text]  
Birth Weight (grams): [text]  
Mother's Phone: [text]  
Mother's Zip Code: [text]  
Sex: [dropdown]  
Submitter NBS ID Number: [text]  
Medical Record Number: [text]

Search Clear


Powered By  
**NEOMETRICS**

8. A listing of specimens meeting your search criteria will appear. The “Status” column indicates one of the following:
- Saved – Demographic Information saved by the submitter but not yet submitted to DSHS.
  - Submitted – Demographic Information received by DSHS but not yet processed. This information will not be processed until the physical blood form has been received by DSHS.
  - Merged – Demographic information received and processed by DSHS.

Neometrics Remote Demographic Entry - Microsoft Internet Explorer provided by DSHS-Lab

File Edit View Favorites Tools Help

Address <http://160.42.128.88/RDE/Searchresults.aspx> Go

 **TEXAS**  
Department of State Health Services

Newborn Screening

Welcome Brendan Reilly | [Home](#) | [Data Entry](#) | [Facility Reports](#) | [Search](#) | [Instructions](#) | [Logout](#)

[Retry](#) [Print](#) [Cancel](#)

	Form Serial #	Med Record #	Baby Last	Baby First	Birth Date	Sex	Date Coll	Medicaid #	Mother Last	Mother First	NBS ID #	Birth Weight	Status
<a href="#">Edit</a>	070000016	11111	GJHG	GHGH	04/15/2008	1	05/15/2008		GGGGGG	SSSSSS	00000001		Submitted
<a href="#">Edit</a>	070000055	123456789Q	KREUGER	FREDDY	04/17/2008	1	05/15/2008		KREUGER	MOM	00000001	2500	Submitted
<a href="#">Edit</a>	070000055		REILLY	KIERAN	04/17/2008	1	05/15/2008		REILLY	JENNIFER	00000001	2500	Submitted

Powered By  
**NEOMETRICS**

Trusted sites

- Click Edit to re-access demographics of a saved or submitted specimen. Additional labels can be printed from the demographic entry screen by selecting "Print Label".

Neometrics Remote Demographic Entry - Microsoft Internet Explorer provided by DSHS-Lab

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites

Address <http://160.42.128.88/RDE/Default.aspx> Go

**TEXAS**  
Department of State Health Services

Newborn Screening

Welcome | Brendan Reilly | Home | Data Entry | Facility Reports | Search | Instructions | Contact Us | Logout

**MOTHER INFORMATION**

Form Serial # 07-0000055

Last KREUGER First MOM Maiden SSN # 111-11-1111

Mom DOB / / Medicaid Eligible Medicaid #

Address Zip 78751

City State TX Phone # (512) 331-3313 Baby Father Last Name

**PRIMARY CARE PHYSICIAN INFORMATION**

Name (Last, First) NPI #

Address Zip

City State TX Phone # ( ) - Fax # ( ) -

**NEWBORN INFORMATION**

Baby Last KREUGER Baby First FREDDY

Med Record # 1234567890 Multiple Birth? Birth Order Weight (grams) 2500 Lb(s) Oz(s)

Birth Date 04/17/2008 Birth Time (Military) Collection Date 05/15/2008 Collection Time (Military)

Sex 1. Male Feed Ethnicity Status

Test 1st Screen Serial # Abnormal DSHS Lab #

**SUBMITTER INFORMATION**

Please verify your submitter information. If anything has changed, please contact DSHS using the Contact link above.

NBS ID # 00000001 NPI #

Name TEXAS DEPT OF STATE Address 1100 VANDERBILT ST

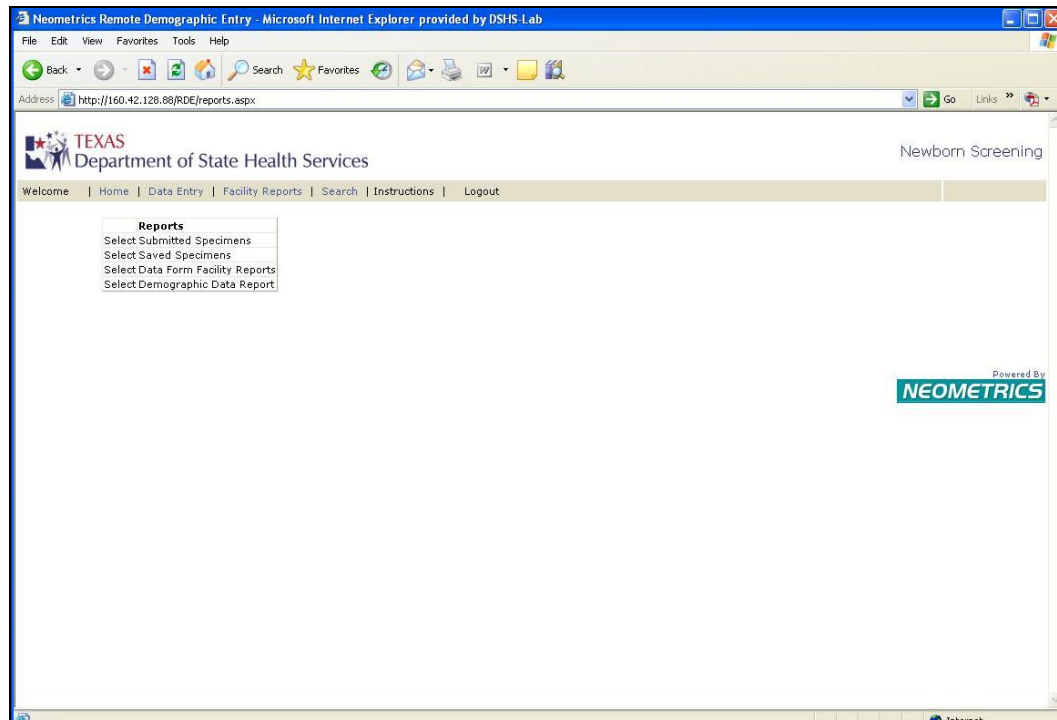
City AUSTIN State Zip 78756

Save Submit Clear Search Reports **Print Label** View Label

Done Trusted sites

start Novell-delivere... Inbox - Microso... Query Screen -... Neometrics Re... Training Team NBS Remote Da... 2:47 PM

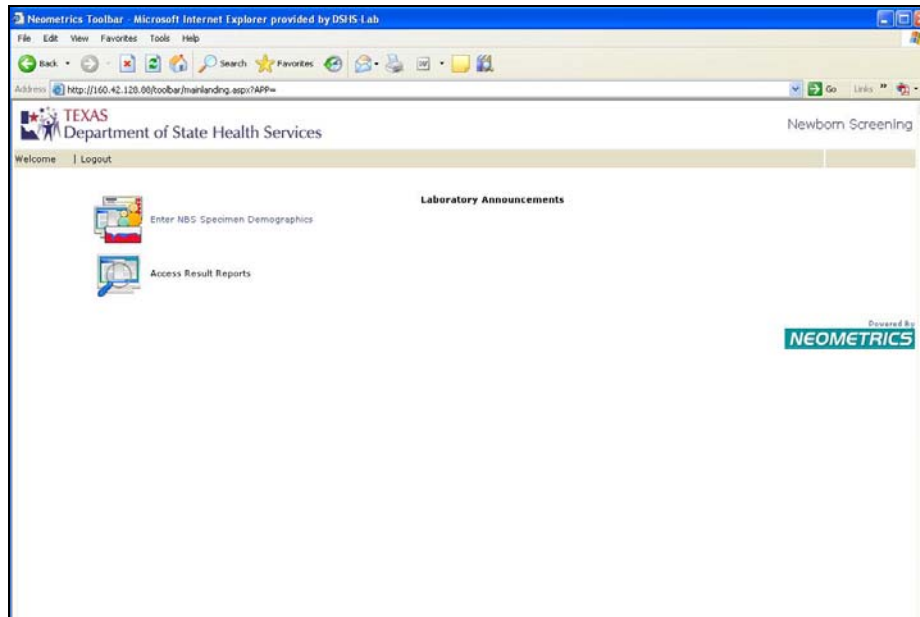
10. To view listings of specimens saved and submitted by your facility, select “Facility Reports” from the menu list.



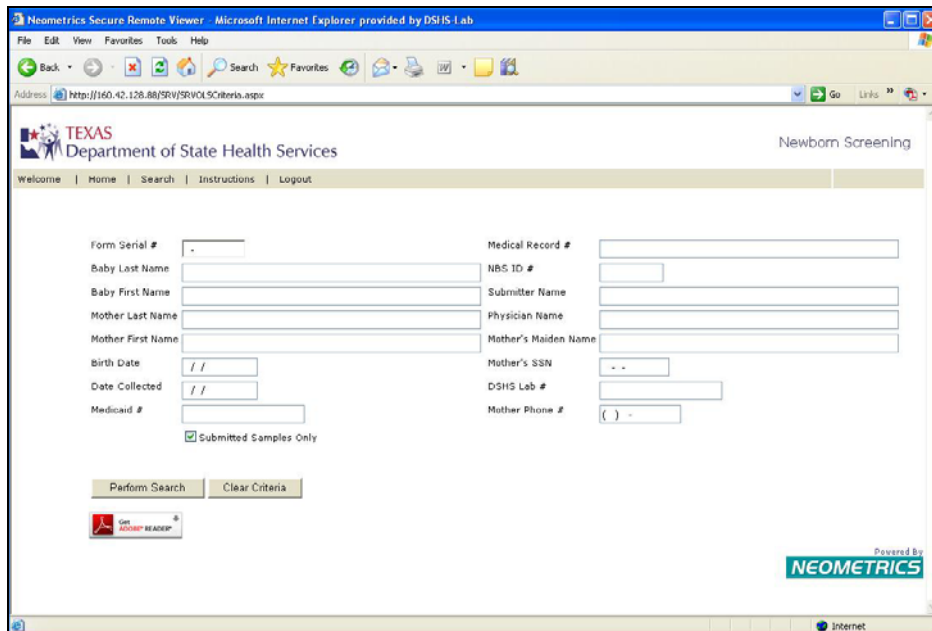
- a. Submitted Specimens – Returns a listing of all specimens submitted by your facility.
  - b. Saved Specimens - Returns a listing of all specimens saved but not yet submitted by your facility.
  - c. Data Form Facility Reports – Provides a listing of all specimens submitted by a facility within a user defined date range sorted by the specimen status (Saved, Submitted, Merged).
  - d. Demographics Data Report - Provides a listing of all specimens submitted by a facility within a user defined range of form serial numbers.
11. To Access Specimen result reports, click Home to return to the Newborn Screening Remote Services Home page.

## Viewing Results Online

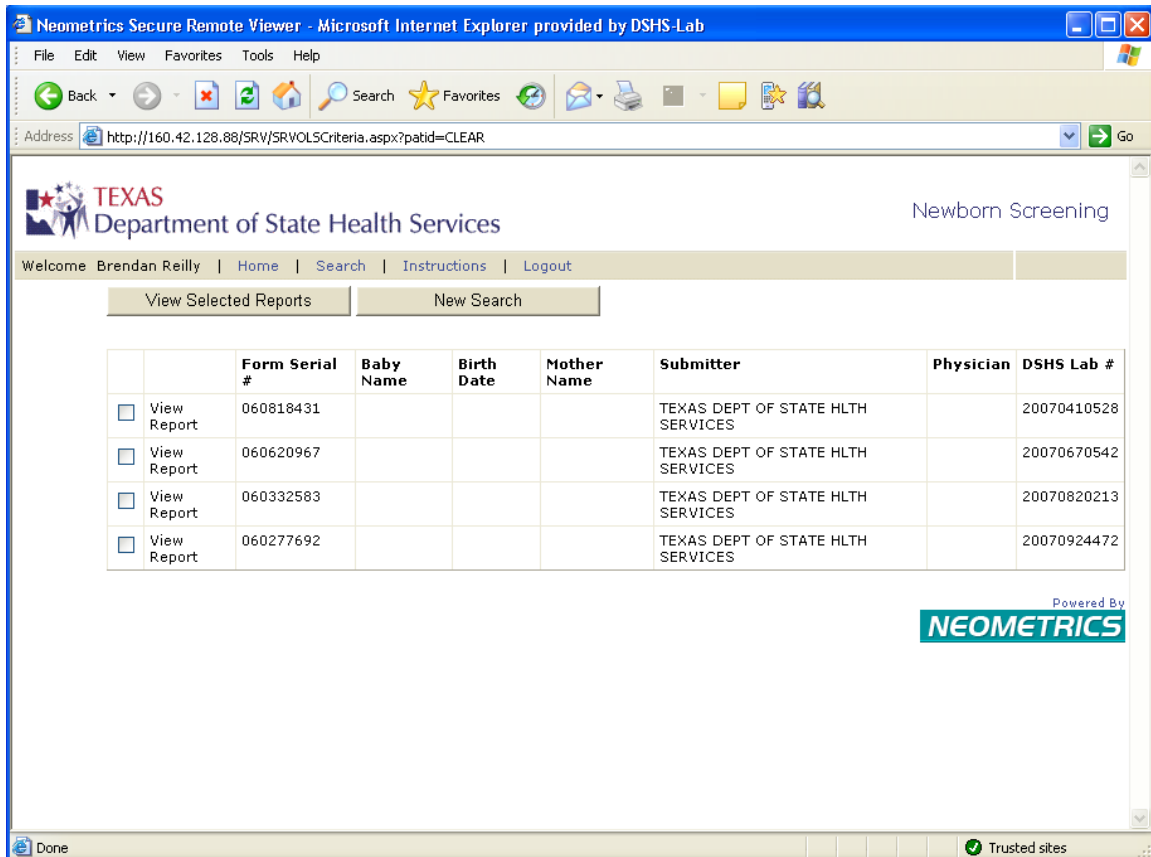
1. To begin the Test Results module, select “Access Result Reports”.



2. The search screen will appear. Leaving the “Submitted Samples Only” box checked, enter information into any field and select “Perform Search”.



3. A listing of reports submitted by your facility that meet the search criteria will be listed. Select “View Report” to view a single report or complete the check box next to multiple reports and select “View Selected Reports” to view results for multiple specimens.



The screenshot shows a web browser window titled "Neometrics Secure Remote Viewer - Microsoft Internet Explorer provided by DSHS-Lab". The address bar shows the URL: <http://160.42.128.88/SRV/SRVOLSCriteria.aspx?patid=CLEAR>. The page header includes the Texas Department of State Health Services logo and the text "Newborn Screening". Below the header is a navigation bar with links: "Welcome Brendan Reilly", "Home", "Search", "Instructions", and "Logout". There are two buttons: "View Selected Reports" and "New Search". The main content area displays a table with the following columns: Form Serial #, Baby Name, Birth Date, Mother Name, Submitter, Physician, and DSHS Lab #. The table contains four rows of data, each with a "View Report" link and a checkbox. The bottom right corner of the page features the "Powered By NEOMETRICS" logo.

		Form Serial #	Baby Name	Birth Date	Mother Name	Submitter	Physician	DSHS Lab #
<input type="checkbox"/>	<a href="#">View Report</a>	060818431				TEXAS DEPT OF STATE HLTH SERVICES		20070410528
<input type="checkbox"/>	<a href="#">View Report</a>	060620967				TEXAS DEPT OF STATE HLTH SERVICES		20070670542
<input type="checkbox"/>	<a href="#">View Report</a>	060332583				TEXAS DEPT OF STATE HLTH SERVICES		20070820213
<input type="checkbox"/>	<a href="#">View Report</a>	060277692				TEXAS DEPT OF STATE HLTH SERVICES		20070924472

PDF images of the official newborn screening result reports will be displayed and can be saved or printed.

4. Select the “Search” option from menu list or “New Search” to begin a new search.



5. To Search for results on a specimen that was not submitted by your facility, uncheck the “Submitted Specimen Only” box. For patient privacy security, external result searches require one of the following specific combinations of search fields.
- Date of Birth AND (Mother's First OR Last Name) AND Mother's Social Security Number
  - Date of Birth AND (Mother's First OR Last Name) AND Medicaid Number
  - Date of Birth AND (Mother's First OR Last Name) AND Mom's Phone number
  - Date of Birth AND (Baby's First OR Last Name) AND Mother's Social Security Number
  - Date of Birth AND (Baby's First OR Last Name) AND Medicaid Number
  - Date of Birth AND (Baby's First OR Last Name) AND Mom's Phone number
  - Form Serial Number AND (Baby Last Name OR Mother Last Name OR Mother First Name OR Medicaid Number OR Medical Record Number OR Mother Social Security Number OR Mother Phone)
  - Mother’s first name AND Mother's Social Security Number

### **C. Instructions and Contact Information**

**Click the Instructions link at the top of either module for assistance with:**

- **Functionality of the Web System**
- **Printer and Browser Configurations**
- **Labels**
- **Frequently Asked Questions**
- **Passwords**



## VI. APPENDIX

### A. NBS Contact List:

# Newborn Screening Directory 1-800-252-8023

<http://www.dshs.state.tx.us/newborn/>

## Laboratory

The Laboratory can provide help in the following areas:

- Requests for collection forms, envelopes, and provider labels; payments for these supplies.
- Specimen collection procedures and techniques to avoid unsatisfactory test results.
- Requests for test results.
- Status of specimen arrival and test completion.
- Technical information on test procedures and reports.

**General Information** ..... 7333  
Technical Information  
Specimen Collection & Handling Procedures

**Supplies** ..... 7661  
Forms (filter paper)  
Envelopes  
Provider Labels

**Billing** ..... 7317  
Payments - NBS4 Forms

**Reporting** ..... 7578  
Routine Specimen Reports  
(*Abnormal screens: Call Case Management for the abnormal disorder reported*)

**Report Cards** ..... 6030  
Unsatisfactory specimens received and transit time

## Case Management

The Case Management team can provide help in the following areas:

- Newborn screening educational materials (English and Spanish available)
- Instructions for follow-up of abnormal screening results, i.e. what type of specimen to submit for additional testing, where, and when.
- Referrals to pediatric specialists for diagnosis and management of newborn screening disorders.
- Referrals for financial resources available to assist with covering the costs of medical management and special dietary needs for diagnosed cases.
- Information on requirements for newborn screening in Texas.

**General Information** ..... 2129  
Education Materials (Free)

**Congenital Adrenal Hyperplasia (CAH)** ..... 2819

**Congenital Hypothyroidism** ..... 3666

**Galactosemia** ..... 6827

**Hemoglobinopathies** ..... 6832  
(e.g., Sickle Cell Disease)

**Phenylketonuria (PKU)** ..... 6827


**Biotinidase Deficiency** ..... 2071

**Fatty Acid Disorders, Organic Acid Disorders, Amino Acid Disorders**


Revised: April 2008

**B. Mandatory Forms/Agreements:**

**i. Web Remote User Access form with Confidentiality and Non-disclosure Agreement – page 1**

	<b>TEXAS DEPARTMENT OF STATE HEALTH SERVICES</b> P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111	<input type="checkbox"/> CC <input type="checkbox"/> NB S <input type="checkbox"/> MB DSHS Use Only						
<b>SECURITY RIGHTS AND CONFIDENTIALITY FORM FOR EACH USER ACCOUNT</b>								
<p>Please complete all information for each DSHS Web Services remote user. Each new user will need to sign the DSHS Laboratory Web Service Confidentiality Agreement and each Facility will need to sign the DSHS Facility Security Agreement. The requesting Facility Administrator will sign and date this form and fax, mail, or e-mail the scanned image of it to DSHS Laboratory. E-mail: <a href="mailto:remotelabsupport@dshs.state.tx.us">remotelabsupport@dshs.state.tx.us</a></p>								
<b>Section 1: Requesting Web User General Information (Please fill out all Required fields)</b>								
<table style="width: 100%;"> <tr> <td style="width: 33%;">USER NAME: Last _____</td> <td style="width: 33%;">First _____</td> <td style="width: 33%;">MI _____</td> </tr> <tr> <td style="text-align: center;"><i>Required</i></td> <td style="text-align: center;"><i>Required</i></td> <td></td> </tr> </table>			USER NAME: Last _____	First _____	MI _____	<i>Required</i>	<i>Required</i>	
USER NAME: Last _____	First _____	MI _____						
<i>Required</i>	<i>Required</i>							
<table style="width: 100%;"> <tr> <td style="width: 33%;">Credentials: _____</td> <td style="width: 33%;">UPIN: _____</td> <td style="width: 33%;">Ordering Provider NPI: _____</td> </tr> <tr> <td style="text-align: center;"><i>MD, LPN, etc.</i></td> <td style="text-align: center;"><i>If you're an ordering provider</i></td> <td style="text-align: center;"><i>Required - if you're an ordering provider</i></td> </tr> </table>			Credentials: _____	UPIN: _____	Ordering Provider NPI: _____	<i>MD, LPN, etc.</i>	<i>If you're an ordering provider</i>	<i>Required - if you're an ordering provider</i>
Credentials: _____	UPIN: _____	Ordering Provider NPI: _____						
<i>MD, LPN, etc.</i>	<i>If you're an ordering provider</i>	<i>Required - if you're an ordering provider</i>						
<table style="width: 100%;"> <tr> <td style="width: 50%;">E-mail: _____</td> <td style="width: 50%;">Phone #: _____</td> </tr> <tr> <td style="text-align: center;"><i>Required</i></td> <td style="text-align: center;"><i>Required</i></td> </tr> </table>			E-mail: _____	Phone #: _____	<i>Required</i>	<i>Required</i>		
E-mail: _____	Phone #: _____							
<i>Required</i>	<i>Required</i>							
<table style="width: 100%;"> <tr> <td style="width: 50%;">Facility Name: _____</td> <td style="width: 50%;">Fax Number: _____</td> </tr> <tr> <td style="text-align: center;"><i>Required - Must match Facility Name as on Facility Security Agreement</i></td> <td style="text-align: center;"><i>Required- If fax machine is secured</i></td> </tr> </table>			Facility Name: _____	Fax Number: _____	<i>Required - Must match Facility Name as on Facility Security Agreement</i>	<i>Required- If fax machine is secured</i>		
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<table style="width: 100%;"> <tr> <td style="width: 50%;">Facility City and Zip Code: _____</td> <td style="width: 50%;"> <input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Microbiology         </td> </tr> <tr> <td style="text-align: center;"><i>Required - City</i></td> <td style="text-align: center;"><i>Required - Zip</i></td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>Types of Test Result(s) as on Facility Security Agreement</i></td> </tr> </table>			Facility City and Zip Code: _____	<input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Microbiology	<i>Required - City</i>	<i>Required - Zip</i>	<i>Types of Test Result(s) as on Facility Security Agreement</i>	
Facility City and Zip Code: _____	<input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Microbiology							
<i>Required - City</i>	<i>Required - Zip</i>							
<i>Types of Test Result(s) as on Facility Security Agreement</i>								
<b>Section 2: Clinical Chemistry Only. Please list all ordering providers submitting tests for the Facility. Attach additional page if needed.</b>								
<table style="width: 100%;"> <tr> <td style="width: 33%;">Name and Credentials (MD, PA, NP, etc): _____</td> <td style="width: 33%;">UPIN (If Available): _____</td> <td style="width: 33%;">10-digit provider NPI: _____</td> </tr> </table>			Name and Credentials (MD, PA, NP, etc): _____	UPIN (If Available): _____	10-digit provider NPI: _____			
Name and Credentials (MD, PA, NP, etc): _____	UPIN (If Available): _____	10-digit provider NPI: _____						
<b>Section 3: Confidentiality Form</b>								
<p>The Department of State Health Services (DSHS) authorizes _____ (Facility Name) to access and use the services of <input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <input type="checkbox"/> Microbiology. Certain designated facilities (laboratories, hospitals, healthcare providers, etc.) have a legitimate need to access this system in order to review, record, and/or edit data. The facility's authorized personnel will be provided access to information and data that is sensitive, confidential, protected health information, or is otherwise protected from disclosure to unauthorized individuals. To ensure the integrity, security and confidentiality of DSHS information and data, all individuals who obtain access to DSHS information resources agree to treat all information and data as highly sensitive, confidential and protected from disclosure. Except as authorized by state and federal law, (including, but not limited to, the Health Insurance Portability and Accountability Act), publication, disclosure or discussion of any information or data observed during the use of this service is strictly prohibited.</p>								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Each person who will have access to DSHS Information Resources is required to sign this agreement.</b> </div>								
<p>I _____ a representative of _____ (Facility Name) am using this service on behalf of the named facility for the limited purpose of the agreement between DSHS and the facility. I understand and agree to the limited terms and conditions of this agreement.</p>								
<p>I also understand that DSHS is required by law to protect the confidentiality and security of its network and the data and information maintained by the department from outside disclosure, and that even an inadvertent disclosure could result in serious security or confidentiality breaches resulting in the loss, destruction or disclosure of sensitive and confidential information maintained by the department. I understand that I am also responsible for the confidentiality of the system's configuration and network architecture. I further understand that my breach of this agreement could result in violation of state and federal laws, under which civil and criminal penalties could be assessed for each violation.</p>								
<p>I agree that I will not disclose nor release my username and password to anyone at any time. In the event my username and password have been compromised, I will immediately contact DSHS so that my account can be inactivated immediately. A new account will be issued to me with a new username and password.</p>								
<p>State and federal law provides civil and/or criminal penalties for use or disclosure beyond the limited purpose of the performance of this service.</p>								
<table style="width: 100%;"> <tr> <td style="width: 50%;">Requesting Web User's Signature _____</td> <td style="width: 50%;">Date _____</td> </tr> <tr> <td style="width: 50%;">Facility Administrator's Signature _____</td> <td style="width: 50%;">Date _____</td> </tr> </table>			Requesting Web User's Signature _____	Date _____	Facility Administrator's Signature _____	Date _____		
Requesting Web User's Signature _____	Date _____							
Facility Administrator's Signature _____	Date _____							
<input type="checkbox"/> Terminating Web User Account Access, Facility Administrator Signature and Date: _____								
<p><i>Fax this completed request to: 512-458-7452, Attn: LIMS Administrator, L457.1</i></p>								
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ii. **Web Remote User Access form with Confidentiality and Non-disclosure Agreement - page 2**

	<b>TEXAS DEPARTMENT OF STATE HEALTH SERVICES</b> P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111	<input type="checkbox"/> CC <input type="checkbox"/> NB <input type="checkbox"/> S <input type="checkbox"/> MB DSHS Use Only		
<p><b>Security Rights and Confidentiality Form Instructions</b>          Fill out each section with as much information as possible for each remote user.</p>				
<p><b>Section 1: Requesting Web User General Information User Information</b></p> <ul style="list-style-type: none"> <li>• <b>Last name, First Name, Middle Initial</b> – The user that will be setup for web application use or as a role within the application</li> <li>• <b>Credentials</b> – Identifies the user based on degree, certification or qualification (e.g. RN, LVN, FNP, MD, DO, etc.)</li> <li>• <b>UPIN</b> – A six-place alpha numeric identifier assigned to all order ordering providers prior to February 2007</li> <li>• <b>Ordering Provider NPI</b> – The 10-digit number that is associated to the physician or non-physician ordering provider</li> <li>• <b>E-mail</b> – DSHS will include your e-mail in the web application – Remote Users distribution list to inform you about any important updates or as part of troubleshooting</li> <li>• <b>Phone #</b> – Of the clinic that will submit tests remotely or print laboratory reports remotely</li> <li>• <b>Facility Name</b> – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement</li> <li>• <b>Fax #</b> – Of the clinic that will submit tests remotely or print laboratory reports remotely, fax machine must be in a secured location</li> <li>• <b>Facility City and Zip Code</b> – City and Zip Code of clinic or Facility</li> </ul>				
<p><b>Section 2: Clinical Chemistry Only.</b> Please list all ordering providers you will be submitting test for. Attach additional page if needed.</p> <ul style="list-style-type: none"> <li>• <b>Ordering Provider</b> – A physician or qualified non-physician practitioner licensed by the State to order laboratory services provided by the DSHS laboratories</li> </ul>				
<p><b>Section 3: Confidentiality Form</b></p> <ul style="list-style-type: none"> <li>• <b>Facility Name</b> – Name of clinic that will submit tests remotely or print reports remotely; Facility Name as on Facility Security Agreement</li> <li>• <b>Laboratory Services</b> – Newborn Screening, Clinical Chemistry and/or Microbiology             <ul style="list-style-type: none"> <li>○ <b>Newborn Screening</b> performs Newborn Screening tests</li> <li>○ <b>Clinical Chemistry</b> performs tests such as Lead testing, Total Hemoglobin, Hg Electrophoresis, Syphilis (RPR), Glucose, etc.</li> <li>○ <b>Microbiology</b> performs tests such as TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc.</li> </ul> </li> <li>• <b>Requesting Web User's Signature</b> – The person that has his/her information filled out in Section</li> <li>• <b>Facility Administrator</b> – The point of contact at the Facility that can authorize web user setup, web user termination and maintain current Facility and provider information. This is usually the office manager.</li> <li>• <b>Terminating Web User Account Access</b> – when access is no longer needed by the web user. The Facility Administrator is to check-off the check box, sign and date the form and fax to (512) 458-7452.</li> </ul>				
<p>For further assistance or additional clarification, please e-mail <a href="mailto:remotelabsupport@dsbs.state.tx.us">remotelabsupport@dsbs.state.tx.us</a></p>				
<table style="width: 100%;"> <tr> <td style="width: 25%;"> <input type="checkbox"/> CC <input type="checkbox"/> NB <input type="checkbox"/> S <input type="checkbox"/> MB            DSHS Use Only         </td> <td style="width: 75%;">           is to be filled out by the LIMS Administrator at Texas DSHS Laboratory         </td> </tr> </table>			<input type="checkbox"/> CC <input type="checkbox"/> NB <input type="checkbox"/> S <input type="checkbox"/> MB DSHS Use Only	is to be filled out by the LIMS Administrator at Texas DSHS Laboratory
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<p><i>Fax this completed request to: 512-458-7452, Attn: LIMS Administrator, L457.1</i></p>				
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### iii. Facility Security Agreement



#### TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111

☐ C C ☐ NBS ☐ MB  
DSHS Use Only

#### FACILITY SECURITY AGREEMENT For Laboratories, Hospitals, Providers, State/Local Health Facilities

Facility Name	
Facility 8-digit Submitter ID <sup>*1</sup> or <sup>*3</sup>	
Facility 9-digit TPI <sup>*2</sup>	
Facility 10-digit NPI	
Facility Mailing Address	
Facility County Name	
Facility Administrator, Title	
Telephone Number, Ext	(     )
E-mail Address	
Tests currently submitted to:	<input type="checkbox"/> Austin Laboratory <input type="checkbox"/> Women's Health Laboratory <input type="checkbox"/> South Texas Laboratory
Types of Test Result(s)	<input type="checkbox"/> Newborn Screening <input type="checkbox"/> Clinical Chemistry <sup>*2</sup> <input type="checkbox"/> Microbiology <sup>*3</sup>
Stop receiving a hard copy (mailed) DSHS final result report(s) to Facility? <sup>*4</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>\*1</sup> Newborn Screening = Newborn Screening tests

<sup>\*2</sup> Clinical Chemistry = Lead testing, Total Hemoglobin, Hg Electrophoresis, Syphilis (RPR), Glucose, etc.

<sup>\*3</sup> Microbiology = TB, HIV / STD, Rabies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc.

<sup>\*4</sup> "Yes" is automatically defaulted for Austin Laboratory Microbiology hard copy (mailed) DSHS final result report(s)

This agreement between the Department of State Health Services (DSHS) and "the Facility" recorded above sets forth expectations for security and confidentiality with respect to the DSHS Information Resources (IR), (network, software and all associated data). The Facility is a laboratory, hospital, healthcare provider or state/local health facility that has a legitimate need to access this system as verified by the DSHS Laboratory Services Section. DSHS limits access to records and data relevant to the specified facility's patients and laboratory specimens.

All Facility personnel provided access to DSHS IR must comply with DSHS Security Policies, as well as federal and state confidentiality laws including, but not limited to, the Health Insurance Portability and Accountability Act. The Facility is responsible for training all facility personnel who will be provided access to the DSHS IR, and for monitoring and enforcing compliance with DSHS and facility computer usage policies. All Facility personnel must sign and agree to comply with the requirements of the DSHS Confidentiality & Non-disclosure Agreement before being provided access to DSHS IR. This Agreement fulfills this requirement only for the Facility Administrator executing the agreement.

The Facility will not use or disclose any information contained in the DSHS IR, except as authorized by state and federal law. The user name and password used to access the system will also be safeguarded and will not be shared with anyone, including other facility personnel. The Facility will notify DSHS immediately if a username/password is compromised, if a user's job duties change, and/or if a user is terminated.

The facility will maintain computers properly equipped to access DSHS IR through an Internet browser and will provide reliable Internet service. The facility's computers and network will be configured to include appropriate anti-virus software, firewalls, security patches and other controls that will prevent security risks to the DSHS network and to its resources. DSHS will provide limited technical assistance in accordance with laboratory support procedures.

Failure to comply with the Security Agreement requirements may result in termination of the agreement and access to DSHS IR. This agreement will be renewed annually for compliance; otherwise it is effective until terminated.

I agree that this facility will adhere to the terms of this agreement.

Facility Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Fax this completed request to: 512-458-7452, Attn: LIMS Administrator, L457.1

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