

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.



TABLE OF CONTENTS

	SECTION	PAGE
I.	Introduction	3
II.	Contact Information	3
III.	Necessary Equipment and Supplies	3
	Printers	3
	Labels	4
	Security and Access Forms	4
	Software	4
IV	Using the Web Application	5
	Demographic Entry	5
	Viewing Results Reports	13
	Appendix A - NBS Program Contact List	. 16
	Appendix B - Mandatory Forms/Agreements	17



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, <u>https://dshsnbsweb.dshs.state.tx.us</u>, 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, <u>https://dshsnbsweb.dshs.state.tx.us</u>, 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 vender 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 <u>LabAppSupport@dshs.state.tx.us</u>.

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.

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, <u>https://dshsnbsweb.dshs.state.tx.us</u>
- 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 <u>LabAppSupport@dshs.state.tx.us</u> 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 form 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".

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The Texas Department of State Health Services welcome text. This is the DSHS test website. User Name Password Login	NEOMETRICS
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After initial sign-in, you will be prompted to change your password. Complete; select "Change Password".

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Confirm New Password:	ge Password Cancel	NEOMETRICS
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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

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City State TX 🔽 Phone # () - Baby Father Last Name	
NPI # NPI #	
Address	
City State TX V Phone # () - Fax # () -	
Baby First	
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Birth Date // Birth Time (Military) : Collection Date // Collection Time (Military) :	
Sex V Feed V Ethnicity V Status	~
Test Ist Screen Serial # - 2 Abnormal DSHS Lab #	2
usmiller INFURMATION ease verify your submitter information. If anything has changed, please contact DSHS using the Contact link above.	
NBSID# 00000001 NPT#	
Name TEXAS DEPT OF STATE Address 1100 W 49TH ST	
City AUSTIN State TX Zip 78756	



3. 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.

Neometrics Remote Demographic Entry - Microsoft Internet Explorer provided by DSHS-Lab	
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Last KREUGER First MOM Maiden SSN # 111-11-1111	٦ ا
Mom DOB / / Medicaid Eligible V Medicaid #	
Address Zip 78751	
City State TX v Phone # (612) 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 # 123456789Q Multiple Birth?	Oz(s)
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Name TEXAS DEPT OF STATE Address 1100 W 49TH ST	
City AUSTIN State TX Zip 78756	
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- 4. 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!
- 5. 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.

MOTHER INFO	RMATION Mother's First Name	PRINT INFORMATION COMPLETELY, ACCURATELY, & LEGIBLY IN BLOCK CAPITAL LETTERS.	Lab No. For Texas DSHS Use Only	ION A ION A
Maiden Name	Social Security #	SPECIMEN REJECTED if NO	Date of Collection or NO Newborn's Last Name is provided, NEWBORN INFORMATION First Name/Twin A or B	AVOID H
Street Addres City Phone No Prysteam Ne Street Addres Submitter ID # 02564897 Mom: Simp Son, Zip: 78756 Baby: Simp Son, Med Rec #: ZGB7885; Birth Wt: 2565 Sex.	Margarie ^{Ph# 512-458-7111} Maggie F 2 <u>14x</u> DOB: 03/03/03 <u>F</u> DOC: 03/14/03	Medical Record No.	Multiple Birth Order (1-9) enn Stratt Number Status	08-0625040 0 0 0

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.

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Welcome Home Data Entry Facility Rep	orts Search Instructions Logout	
Form Serial Number Mother's Last Name Mother's First Name Mother's Social Security Number Newborn's Last Name Collection Date Birth Date Birth Date Birth Weight (grams) Mother's Phone Mother's Zip Code	· · · · · · · · · · · · · · · · · · ·	
Sex	×	
Submitter NBS 1D Number		
Search Clear		
		Powered By NEOMETRICS



- 8. A listing of specimens meeting your search criteria will appear. The "Status" column indicates one of the following:
 - a. Saved Demographic Information saved by the submitter but not yet submitted to DSHS.
 - b. 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.
 - c. Merged Demographic information received and processed by DSHS.

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Edit 070000055 123456789Q KREUGER FREDDY 04/17/2008 1 05/15/2008 KREUGER MOM 00000001 2500 Sub	mitted
Edit 070000055 REILLY KIERAN 04/17/2008 1 05/15/2008 REILLY JENNIFER 00000001 2500 Sub	mitted
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9. 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".

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MOTHER INFORMATION Form Serial # 07-0000055 Last KREUGER First MOM Mom DOB / / Address Zip 78751	
City State X Phone # [512] 331-3313 Baby Father Last Name	
PRIMARY CARE PHYSICIAN INFORMATION	
Name (Last, First) NP1#	
Address 2/p City State TX Phone # () - Fax # () -	
NEWBORN INFORMATION	
Baby Last KREUGER Baby First FREDDY	
Med Record # 123456789Q Multiple Birth? V Birth Order Weight (grams) 2500 Lb(s) Oz(s)	
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Sex 1. Male V Feed V Ethnicity V Status V	
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SUBMITTER INFORMATION Please verify your submitter information. If anything has changed, please contact DSHS using the Contact link above.	
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City AUSTIN State Zip 78756	
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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".

Neometrics Secure Remote Viewer - Microsoft Internet	f Explorer provided by DSHS-Lab	
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Address a http://160.42.128.88/SRV/SRVOLSCriteria.aspx		💌 🔁 Go 🛛 Links 🦉 📆 🔸
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Form Serial #	Medical Record #	
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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.

File Edit View Pavorites Tools Help Back Image: Search Image: Search Image: Search Image: Search Image: Search Address Image: Search Image: Search Image: Search Image: Search Image: Search Image: Search Welcome Brendan Reilly Home Search Image: Image: Search Image: Search Image: Search Image: Search View Selected Reports New Search Image: Search Image: Search Image: Search Image: Search View Selected Reports New Search Image: Search Image: Search Image: Search View Selected Reports New Search Image: Search Image: Search View Selected Reports New Search Image: Search Image: Search View Report 060818431 Image: Search Image: Search View 060818431 Image: Search Image: Search View 060820967 Image: Search Image: Search View 060620967 Image: Search Image: Search View 06032583 Image: Search Image: Search View 06032583 Image: Search Image: Search View 060277692 Image: Search Image: Search
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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:

Dire	ctory
1-800-2. http://www.dshs.st	52-8023 ate.tx.us/newborn/
Laboratory	Case Management
The Laboratory can provide help in the following areas:	The Case Management team can provide help in th 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 Specimen Collection & Handling Procedures Supplies	 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 Information2129 Education Materials (Free) Congenital Adrenal Hyperplasia (CAH)2819
<u>Billing</u>	Congenital Hypothyroidism
Reporting	Hemoglobinopathies
Report Cards	Biotinidase Deficiency

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B. Mandatory Forms/Agreements:

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

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Please complete all infor Confidentiality Agreems ign and date this form a	rmation for each DSHS W ent and each Facility will : nd fax, mail, or e-mail the	/eb Services remote user. need to sign the DSHS F e scanned image of it to I	Each new use acility Security DSHS Laborato	r will need to sign the I Agreement. The reque ry. E-mail: <u>remotelabs</u>	OSHS Laboratory V sting Facility Adm upport@dshs.stat	Veb Servic inistrator ie.tx.us	ce will
ection 1: Requesting W	/eb User General Informa	tion (Please fill out all R	equired fields)				
USER NAME: Last			First		M	II	
-	Requir	red		Required			
Credentials:	UPIN:		Ordering P	rovider NPI:			
MD, LVN,	etc. If you	're an ordering provider		Require	d - if you're an orden	ing provide.	r
E-mail:	P		Phone #	t	Descind		
	Kequirea				Requirea		
Facility Name:	red – Must match Facility N	ame as on Facility Security	Agreement	Fax Number:	ired- If fax machine i	s secured	
		2 contracting on any of		Newborn Screeping	Clinical Chemistry	y 🗌 Micro	biology
Facility City and Zip (Code:	d - City	Required – Zip	Types of Test Result	(s) as on Facility Sect	writy Agrees	ment
Section 2: Clinical Cher Name and Credentials (mistry Only. Please list al	l ordering providers subr LIDIN (If Avai	nitting tests for	the Facility. Attach add	litional page if nee ovider NDI:	ded.	
Name and Gredennars (MD, FR, IVF, EU).	OPIN (II AVai	laoiej.	10-tugit pi	ovider IVP1.		
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ii. Web Remote User Access form with Confidentiality and Non-disclosure Agreement - page 2

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 Laboratory Services - Newborn Screening, Clinical Chemistry and/or Microbiology Newborn Screening performs Newborn Screening tests Clinical Chemistry performs tests such as TB, HTV / STD, Rabies, Rubella, Serology, Mclacular, Parasite, Flu, Virology, etc. Microbiology performs tests such as TB, HTV / STD, Rabies, Rubella, Serology, Mclacular, Parasite, Flu, Virology, etc. Requesting Web User's Signature - The perion that has his/her information filled out in Section. Facility Administrator - The point of contact at the Pacility flat can authorize web user setup, web user termination and maintai Facility and provider information. This is usually the office manage. Terminating Web User's Account Access - when access is no longer needed by the web user. The Facility Administrator is to che the check box, sign and date the form and fax to (512) 458-7452. For further assistance or additional clarification, please e-mail remotelabsupport@dishs.state.tx.us CC NB S MB DSH S Use Only is to be filled out by the LIMS Administrator at Texas DSHS Laboratory 	ility Nan	cility Name -	- Name of	f clinic that	at will su	abmit te	ests remo	otely or	print re	ports re	emotely	; Facilit	y Name	as on F	acility	Security	Agre	ement
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For further assistance or additional clarification, please e-mail remotelabsupport@dshs.state.tr.us CC NB S MB DSH S Use Only is to be filled out by the LIMS Administrator at Texas DSHS Laboratory	minating check bo	erminating We	eb User . ign and da	Account A	Access – m and fa	when a as to (5	access is 12) 458-	no lon 7452.	iger nee	ded by i	the web	user. T	be Facili	ity Ada	ninistra	tor is to (check	off
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Fax this completed request to: 512-458-7452, Attn: LIMS Administrator, L457.1 March 2009 Rev	pleted reg	npleted request	t to: 512-	-458-7452	Attn: L	IMS Ad	dministra	ator, L	457.1					1	March 2	0009 Rev		2 of 2



iii. Facility Security Agreement

	FACILITY SECURITY AGREEMENT
	For Laboratories, Hospitals, Providers, State/Local Health Facilities
Facility Name	
Facility 8-digit Submitter ID*1 or *3	
Facility 9-digit TPI*2	
Facility 10-digit NPI	
Facility Mailing Address	
Facility County Name	
Facility Administrator, Title	
Telephone Number, Ext	()
E-mail Address	
Tests currently submitted to:	🗌 Austin Laboratory 🗌 Women's Health Laboratory 🗌 South Texas Laboratory
Types of Test Result(s)	Newborn Screening Clinical Chemistry ^{*2} Microbiology ^{*3}
^{*2} Clinical Chemistry = Lead testing, ^{*3} Microbiology = TB, HIV / STD, R, ^{*4} "Yes" is automatically defaulted for	reening tests Total Hemoglobin, Hg Electrophoresis, Syphilis (RPR), Glucose, etc. abies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc. r Austin Laboratory Microbiology hard copy (mailed) DSHS final result report(s)
^{*2} Clinical Chemistry = Lead testing, ^{*3} Microbiology = TB, HIV / STD, R, ^{*4} "Yes" is automatically defaulted for This agreement between the Depar expectations for security and confi all associated data). The Facility is legitimate need to access this syste and data relevant to the specified of All Facility personnel provided ac confidentiality laws including, but responsible for training all facility enforcing compliance with DSHS comply with the requirements of ti DSHS IR. This Agreement fulfill: The Facility will not use or disclos law. The user name and password including other facility personnel user's job duties change, and/or if the facility and the section of the facility personnel user's production of the facility personnel user's job duties change, and/or if	reeming tests Total Hemoglobin, Hg Electrophoresis, Syphilis (RPR), Glucose, etc. abies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc. r Austin Laboratory Microbiology hard copy (mailed) DSHS final result report(s) intment of State Health Services (DSHS) and "the Facility" recorded above sets forth identiality with respect to the DSHS Information Resources (IR), (network, software and is a laboratory, hospital, healthcare provider or state/local health facility that has a em as verified by the DSHS Laboratory Services Section. DSHS limits access to records facility's' patients and laboratory specimens. cess to DSHS IR must comply with DSHS Security Policies, as well as federal and state toot limited to, the Health Insurance Portability and Accountability Act. The Facility is personnel who will be provided access to the DSHS IR, and for monitoring and and facility computer usage policies. All Facility personnel must sign and agree to the DSHS Confidentiality & Non-disclosure Agreement before being provided access to s this requirement only for the Facility Administrator executing the agreement. se any information contained in the DSHS IR, except as authorized by state and federal i used to access the system will also be safeguarded and will not be shared with anyone, The Facility will notify DSHS immediately if a username/password is compromised, if a 'a user is terminated.
^{*2} Clinical Chemistry = Lead testing, ³ Microbiology = TB, HIV / STD, R, ⁴⁴ "Yes" is automatically defaulted for This agreement between the Deparence expectations for security and confi- all associated data). The Facility is legitimate need to access this syste and data relevant to the specified f All Facility personnel provided ac confidentiality laws including, but responsible for training all facility enforcing compliance with DSHS comply with the requirements of ti DSHS IR. This Agreement fulfill: The Facility will not use or disclose law. The user name and password including other facility personnel, user's job duties change, and/or if The facility will maintain computer reliable Internet service. The facil software, firewalls, security patch- resources. DSHS will provide lim Failure to comply with the Securit DSHS IR. This agreement will be I agree that this facility will adh	 Treaming tests Total Hemoglobin, Hg Electrophoresis, Syphilis (RPR), Glucose, etc. abies, Rubella, Serology, Molecular, Parasite, Flu, Virology, etc. r Austin Laboratory Microbiology hard copy (mailed) DSHS final result report(s) rtment of State Health Services (DSHS) and "the Facility" recorded above sets forth identiality with respect to the DSHS Information Resources (IR), (network, software and is a laboratory, hospital, healthcare provider or state/local health facility that has a em as verified by the DSHS Laboratory Services Section. DSHS limits access to records facility's' patients and laboratory specimens. ccess to DSHS IR must comply with DSHS Security Policies, as well as federal and state root limited to, the Health Insurance Portability part Accountability Act. The Facility is personnel who will be provided access to the DSHS IR, and for monitoring and and facility computer usage policies. All Facility personnel must sign and agree to he DSHS Confidentiality & Non-disclosure Agreement before being provided access to s this requirement only for the Facility Administrator executing the agreement. se any information contained in the DSHS IR, except as authorized by state and federal iused to access the system will also be safeguarded and will not be shared with anyone, The Facility will notify DSHS immediately if a username/password is compromised, if a 'a user is terminated. ers properly equipped to access DSHS IR through an Internet browser and will provide tied technical assistance in accordance with laboratory support procedures. ty Agreement requirements may result in termination of the agreement and access to requirements of this agreement.