

Web Portal Request Form for the State Hygienic Laboratory

Individuals requiring access to data must submit an application for authorization by the SHL. The SHL will issue a user ID and password for each individual upon approval of this application. By submitting this application, you acknowledge that you have read, understood, and agree to the Terms of Use specified below. This application must be filled in its entirety in order for the request to be processed. Please keep a copy of this application for your records. *Please type the requested information.*

Return this application form to:



State Hygienic Laboratory – Web Portal Support
University of Iowa Research Park
2490 Crosspark Road
Coralville, Iowa 52241-4721
Phone: 319-335-4358
E-Mail: SHL-WebPortalSupport@uiowa.edu



For further information, please contact Web Portal Support. You may e-mail or mail this application.

Terms of Use

- (1) SHL will make all reasonable efforts to ensure the accuracy of the information provided through this service, but will not be held liable for errors and/or omissions of any content.
- (2) Tampering, reverse engineering or unlawful use of the content is strictly prohibited.
- (3) The user agrees to access records by only using the user's personal username and password. Healthcare providers agree to only access information for individuals under their care.
- (4) When a user's access to data is to be discontinued, **it is the responsibility of the organization to notify the SHL 14 days prior to the date of termination of access for the said user.** Access will be removed within a reasonable amount of time of the request, but no later than the last day of allowed access.
- (5) Initial passwords will be supplied by SHL. Users must change passwords as necessary but are responsible for the integrity and safe keeping of their password against unauthorized use.
- (6) Violation of said terms will result in immediate termination of access to SHL data, investigation, and possible legal action.

Organization Information

Organization Name: _____
Department: _____
Address1: _____
Address2: _____
City: _____ State: _____ Zip: _____

Applicant Information (Required)

First Name: _____ Email: _____
Middle Name: _____ Phone: (_____) _____ - _____ ext. _____
Last Name: _____ Fax: (_____) _____ - _____
Position: _____

By accessing and using our web site and these services, you acknowledge that you have read, understood, and agreed to the Terms of Use.

Signature of Applicant

Date

Authorizing Representative Information (Please complete if different from Applicant)

First Name: _____ Email: _____
Middle Name: _____ Phone: (_____) _____ - _____ ext. _____
Last Name: _____ Fax: (_____) _____ - _____
Position: _____

Signature of Authorizing Representative

Date