



**LabOnline Request Form**

CLIA Laboratory Director: Jocelyn R. Hauser Ph.D., D(ABMM), MLS(ASCP)<sup>CM</sup>

CLIA#: 09D0968273

**DC Public Health Laboratory LabOnline User Agreement and Client Request Form**

LabOnline is an online platform that provides authorized users the ability to order tests, track sample progression, and view, print and download results securely from testing conducted at the District of Columbia's Public Health Laboratory (DC PHL).

Please read this Terms of Use Agreement before requesting access to the LabOnline website, <https://phl-labonline.dc.gov>, operated by the District of Columbia Department of Forensic Sciences, Public Health Laboratory. The site is intended to facilitate electronic laboratory test ordering and reporting between the DC Public Health Laboratory and submitting facilities.

**User Responsibility**

As a user of the site, you are responsible for the content, material, and information you enter into the system. Your use of the site is limited based on your user access. You are not authorized to access, use, or disclose any content, material or information in the site that is not related to samples that you or your organization have submitted for testing. You are responsible for ensuring that access to patient and testing information through LabOnline is only provided to authorized medical personnel. You are responsible for ensuring that LabOnline is being used properly by your facility's users. You will communicate any employment status changes or any adjustments to user accounts needed to DC PHL.

The facility must review user access to LabOnline every 30 days. Unauthorized access, use, or disclosure of any content, material or information in the site can result in termination of your access to the site and referral to appropriate authorities. Your password is also your responsibility. It is always important to keep your password confidential. If you forget your username or password, please use the "forgot password" feature on the site or contact us at [DFS-LabOnline@dc.gov](mailto:DFS-LabOnline@dc.gov).

The DC PHL reserves the right to change or replace these Terms of Use or to impose new conditions on the use of the site in which case it will post the revised Terms of Use and update the revision date to reflect the effective date of the changes. The DC PHL reserves the right to deny access to the site or any features of the site to anyone who violates these Terms of Use.

I have read the above LabOnline user agreement and agree to adhere to these requirements. By accepting the Terms of Use, I represent and agree: (i) that I am 18 years of age or older, (ii) to comply with these Terms, all applicable laws and regulations, (iii) to use the Site in accordance with these Terms, the Privacy Notice, and any additional term referenced herein; and (iv) that any content, material or information I submit through the Site will not violate the rights of, or cause injury to, any person or entity.

\_\_\_\_\_  
User Printed Name and Title

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date



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**Type of LabOnline Facility Access Requested**

**\*Required Information**

<input type="checkbox"/> Partial access- Test Ordering ONLY	<input type="checkbox"/> Full access- Test Ordering and Result/Report Access
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**Submitter Information**

Name of Submitting Hospital, Laboratory, or other Facility*			
Address*	City*	State*	Zip*
Facility Health Care Provider Last and First Name*		Facility Health Care Provider NPI #*	
User Last and First Name*			
User Telephone Number*	User Secure Fax Number*	User Secure Email*	

**Testing- please select the test(s) that your facility expects to be requesting from DC PHL**

MICROBIOLOGY/GENERAL BACTERIOLOGY	MOLECULAR/VIROLOGY
OCME	COVID-19 (NAAT)
Gonococcal Isolate Surveillance (GISP)	Novel Influenza (PCR) +
Referred Isolates (Salmonella, Vibrio, Shigella, Listeria, Campylobacter, E.coli (STECand EIEC), CRE, C. auris)	<i>Chlamydia trachomatis/Neisseria gonorrhoeae</i> (TMA)
<b>SEROLOGY</b>	Respiratory Virus Panel
Measles (IgG) +	Mumps (PCR) +
SARS-CoV-2(IgG) +	Measles Virus (PCR) +
<b>TOXICOLOGY</b>	Middle East Respiratory Syndrome (MERS-CoV)(PCR) +
Drug of Abuse Screening Panel (14 drug panel) §	Zika Virus Assay (NAAT)(TMA)
	Flu/SC2 Surveillance (PCR)
OTHER TEST	
Direct Referral (for testing not conducted at DC PHL) Please specify test name:	
+ DC Health must approve testing prior to sending any isolate or specimen to the DC Public Health Laboratory. § Call the DC Public Health Laboratory prior to sending any specimens.	

*This section is for DC PHL use only*

Approved/Reviewed by:

Printed Name and Title

Signature

Date

Active

Deactivated

Date Deactivated: