## County of Los Angeles – Public Health Laboratory Sunquest Laboratory Information System Access Application

New $\square$	Deactivate [	Modify	Information	Employee Numb	oer:		
Employee	Information	1					
Applicant's	Name:						_
Job Title: _			Work Ph	Work Phone No.: ()			
Section/Hea	alth Center/Fac	cility:					
		,	Training/Pre				
Function	Description			Viewing Date			
	Function used to order test for registered & non-registered patients. Also used to						
	reprint a label.  • Registered Patients  • Non Registered Patients						
RE							
	<ul><li>Non-Registered Patients</li><li>Re-Printing Labels</li></ul>						
AD	Function used to modify patient demographic information already intered in the LIS.						
IQ.	Function used to modify patient demographic information already intered in the LIS.  Function used to inquire patient order status that are non-sensitive.						
IQS	Function used to inquire patient order status that are sensitive only.						
IRA	Function used to inquire patient order status that are sensitive only.  Function used to print patient order result.						
CPW	Function used to print patient order result.  Function used to change your password						
PL	Function used to change your password  Function used to print report for all unreceived specimens						
I have view	ed the Sungue	est training i	oresentation. I also	have access to a	an advisor to helr	with procedure	٩ς
			ns, I can contact the				
for assistan	•		.,		,		
Applicant's Signature:					Dato:		
Аррисані з	Signature			Date			
Signature of Advisor:					Date:		
Print Advisor's Name:							
		Co	mputer Confiden	tiality Statem	ent		-
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			Health Laboratory In				
			n. I will abide by th				
regarding t	ne connuentia	iity or patier	it information that is	s round in the la	boratory irriorria	lion systems.	
Applicant's signature:					Date:		
Applicant's supervisor's sign.:					Date:		
			For LIS U	se only			-
	Access	Tech			Date		
	Code	Code	Group Access/	Levels	Updated	Performed by	.7
Live Area		Couc	Stoup Access/		Spanica	1 Citoffica by	<u>'                                     </u>
Test Area							
10St Alea					1		
LIS Manager or Designate Signature: Date:							

Fax: (562) 803-4768 Voice: (562) 658-1340