

New User Registration Form – Multiple Facilities

Complete this form to request association with additional facilities in the Laboratory Web Portal (LWP). Users must have completed training and have an approved LWP account prior to being added to additional facilities. Send completed form to slph.otor@dhhs.nc.gov

Account Details

***Email:**

***First Name:**

***Last Name:**

***Title:**

Contact Details

*** Primary Phone:**

Organization Details (Facility must be registered with NCSLPH)

*** Organization:**

To become a submitter of the NC State Laboratory of Public Health, please complete the New Client Information Form located here:

<https://slph.dph.ncdhhs.gov/Forms/NewClientInformation-Fillable.pdf>

***Roles:**

Clinical Environmental Rabies

***Supervisor Name (for requested facility):**

***Phone number:**

***Email address:**