



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health  
State Laboratory of Public Health

# Lab Web Portal (LWP) Training

January 13<sup>th</sup>, 2026

Presented by: NCSLPH

# Agenda

- What is Lab Web Portal (LWP)?
- Benefits of LWP
- 4 Major Steps to Getting Access
  - Obtain NCID Account (MyNCID Account for External)
  - Complete LWP Training
  - Complete New User Registration Form
  - Approval
- LWP Intro
- LWP Demonstration
- Roll-Out of LWP
- Questions?

# What is Lab Web Portal (LWP)?

LWP is a secure, cloud-based platform for paperless laboratory test ordering and results retrieval

- Modern clean interface with required data fields for submission
- Integrated dashboard with key metrics and dynamic alerts
- Robust querying engine to retrieve lab results/reports

☐ Acceptance Criteria Not Met

**HIV/HCV TESTING REPORT FORM**  
NC Department of Health and Human Services  
State Laboratory of Public Health  
4312 District Drive • Raleigh, NC 27607

Reason: \_\_\_\_\_  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Test Requested  
☐ HIV ☐ HCV ☐ HIV and HCV

Attach Printed Label Below

**Patient Information**

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Pt ID: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medicaid Client: ☐ Yes ☐ No Annual Exam Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Dx Code/ICD: \_\_\_\_\_  
Insurance ID Number (if applicable): \_\_\_\_\_

Race (mark all that apply)  
☐ White ☐ American Indian/Alaska Native  
☐ Black ☐ Native Hawaiian/Pacific Isles  
☐ Asian ☐ Unknown

Ethnicity  
☐ Hispanic ☐ Non-Hispanic  
☐ Unknown

Gender  
☐ Male ☐ Transgender M2F  
☐ Female ☐ Transgender F2M  
☐ Unknown ☐ Transgender Unk

If Female, pregnant?  
☐ Yes ☐ No ☐ Unknown

EIN Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
Program Code: \_\_\_\_\_ Provider Last Name: \_\_\_\_\_ Provider First Name: \_\_\_\_\_

Test Setting (mark only one)  
☐ HIV testing site ☐ Community Health Ctr ☐ Emergency Dept  
☐ STD Clinic ☐ Prison/Jail ☐ Other Clinical  
☐ Drug Treatment ☐ DIS Field Visit ☐ Other Non-clinical  
☐ Family Planning ☐ PreNatal/OB Related  
☐ TB Clinic ☐ Community Setting

Previous HIV Test?  
☐ No ☐ Yes ☐ Unknown

Risk Factors  
☐ Current 900  
☐ History of injection drug use  
Behaviors during the last 12 months:  
☐ Vaginal/Anal sex with a MALE partner  
☐ Vaginal/Anal sex with a FEMALE partner  
☐ Injection drug use  
☐ Multiple Sexual Partners



**NC Clinical Testing**

Dashboard  
Incomplete Orders  
In Transit Orders  
All Orders  
Published Reports  
My Patients  
Help

ORDER TESTS  
BATCH ORDER  
VIEW REPORTS

Specimen ID: \_\_\_\_\_ \* Dx Code (ICD)  
(NA acceptable to allow pass of surveillance specimens)

\* Date and Time Collected: \_\_\_\_\_ \* Collector ID (Initials): \_\_\_\_\_

\* Specimen Type: \_\_\_\_\_

Specimen Site: \_\_\_\_\_

\* Select Test Below

**Immunology/Serology**

☐ Hepatitis A IgM (Outbreak) ☐ Hepatitis B Serology (Screen)  
☐ Hepatitis A and B Symptomatic Panel ☐ Hepatitis C Serology with Confirmation  
☐ HIV Screen with Confirmation ☐ Rubella Serology IgG  
☐ Rubella Serology IgM ☐ Measles Serology  
☐ Mumps Serology ☐ Syphilis RPR Only  
☐ Syphilis Panel ☐ Immunology/Serology Referral Test

Date Sent to Lab: \_\_\_\_\_

# Benefits of LWP

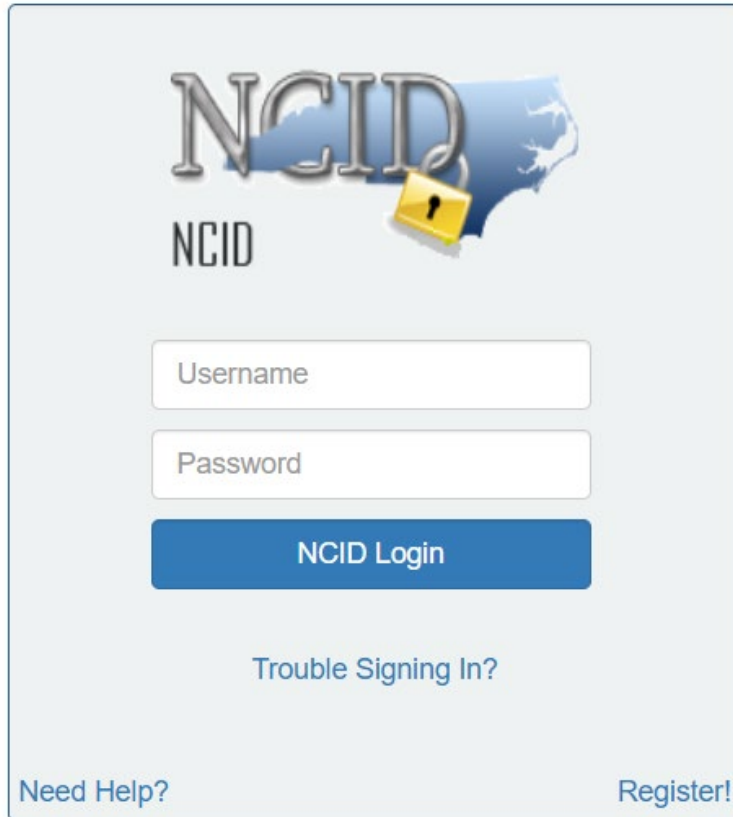
- Ordering Providers
  - Reusable facility and patient information
  - Copy functionality for regularly ordered tests
  - Batch order upload capability
  - Workflow tracking functionality
  - Faster results reporting with immediate access to online reports
- NCSLPH
  - Digitizes test requisition form information
  - Allows for data validation prior to submission
  - Seamless integration with the lab information system (LIMS)
  - Customizable test requisition form
  - Streamlined user administration
  - Efficient process to expedite testing and results reporting

# 4 Major Steps to Getting Access

- 1. Obtain NCID Account
  - Request from Local IT -> Delegated Admin
- 2. Complete LWP Training
  - Access training from NCSLPH Website and complete the quiz
- 3. Complete New User Registration Form
  - Receive 'Registration Received' email
- 4. Approval
  - Wait for 'Access Approved' email

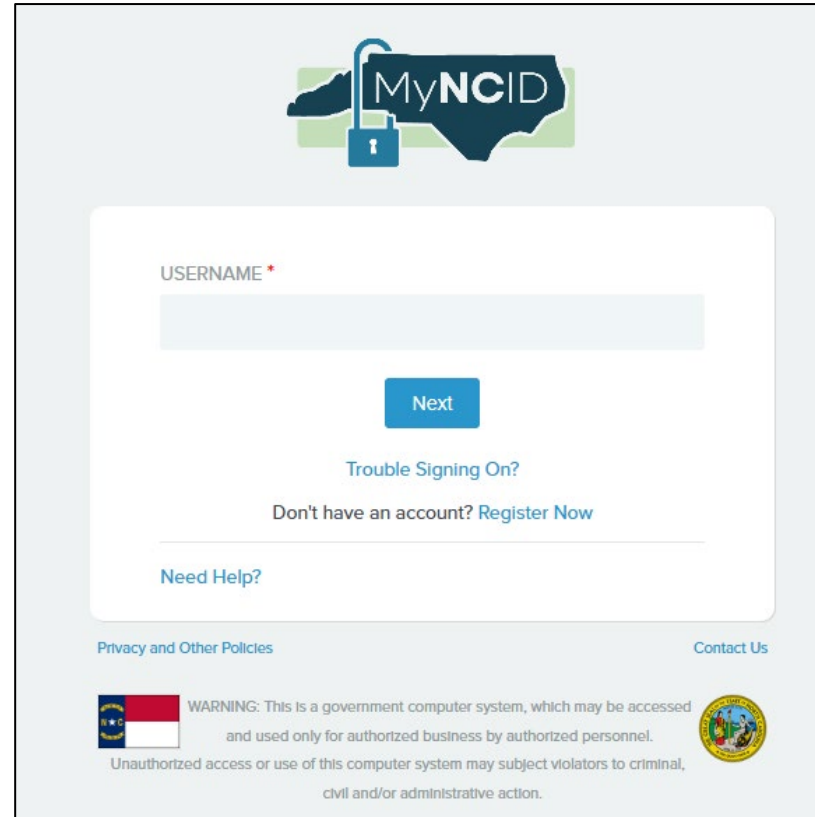
Access Lab Web Portal (LWP)!

# Primary Websites



The image shows the NCID login page. At the top is the NCID logo, which includes the text 'NCID' and a blue map of North Carolina with a yellow padlock. Below the logo are two input fields: 'Username' and 'Password'. A blue button labeled 'NCID Login' is positioned below the password field. At the bottom left is a link 'Need Help?' and at the bottom right is a link 'Register!'. In the center, below the login button, is a link 'Trouble Signing In?'.

NCID Page: [ncid.nc.gov](https://ncid.nc.gov)



The image shows the MyNCID login page. At the top is the MyNCID logo, which includes the text 'MyNCID' and a blue map of North Carolina with a blue padlock. Below the logo is a white box containing a 'USERNAME \*' label and a text input field. A blue button labeled 'Next' is below the input field. Below the button are links for 'Trouble Signing On?' and 'Don't have an account? Register Now'. At the bottom left of the white box is a link 'Need Help?'. Below the white box are links for 'Privacy and Other Policies' and 'Contact Us'. At the bottom of the page is a warning message: 'WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.' There are also two small circular logos on the bottom left and right.

LWP Login Page  
(will redirect to MyNCID Page)

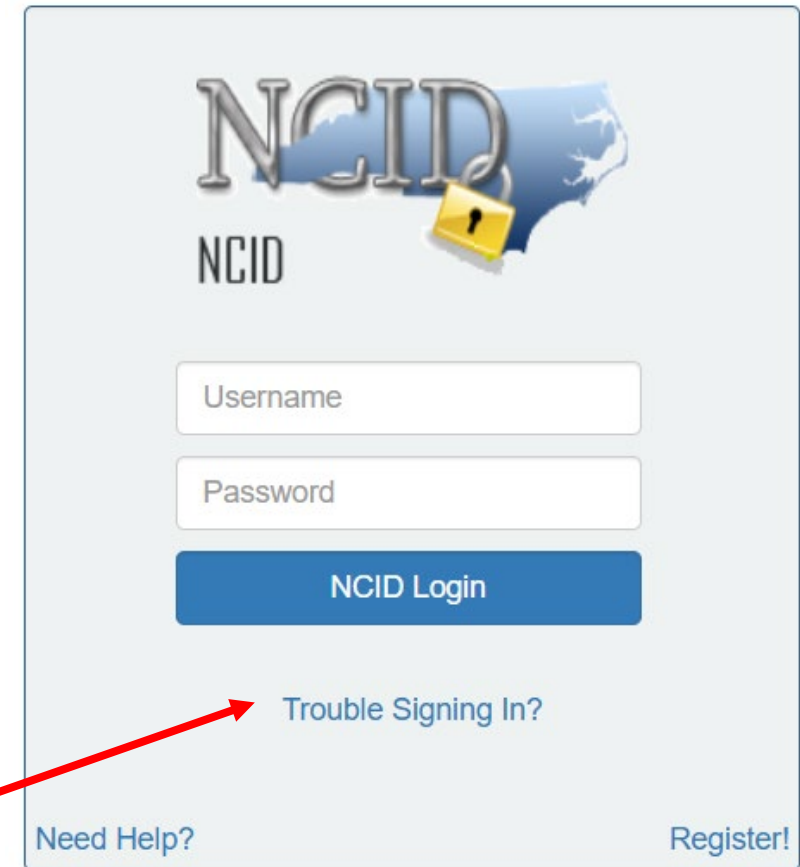
<https://lwp-web.aimsplatform.com/nc/#/>

## Terminology

- NCSLPH: NC State Laboratory of Public Health
- ETOR: Electronic Test Order and Results
- LWP: Lab Web Portal
- NCID Username: Username given by Local IT/DA
- MFA: Multi-Factor Authentication
- NCID Email: Government/Work Email Address

# 1. Obtain NCID Account (Internal)

- If existing:
  - Verify that you know your username and password by logging in
- If no existing account:
  - Request from Local IT -> Designated Admin (People designated in your organization for NCID)
    - They will provide you with:
      - NCID Username
      - Temporary Password
  - Use that to login (within 72 hours), reset your password, and setup security questions
- DIT will support if any questions



The image shows a screenshot of the NCID login interface. At the top, there is a logo with the text 'NCID' in a large, stylized font, with a blue map of North Carolina and a yellow padlock icon integrated into the design. Below the logo, the text 'NCID' appears again in a smaller, standard font. The form contains two input fields: 'Username' and 'Password'. Below these fields is a blue button labeled 'NCID Login'. At the bottom of the form, there are two links: 'Need Help?' on the left and 'Register!' on the right. A red arrow points from the text 'If you ever forget your password, reset it here' to the 'Trouble Signing In?' link, which is located just above the 'Need Help?' link.

NCID

NCID

Username

Password

NCID Login

[Trouble Signing In?](#)

[Need Help?](#) [Register!](#)

If you ever forget your password, reset it here

## 2. Complete LWP Training

Training materials will include:

- This webinar (recorded)
- ‘Storyline’ Online Training
  - Interactive modules that dive into the different components of LWP
  - Available on the NCSLPH Website Home Page
  - ‘Orientation and Access’ Storyline required for all
    - Link to quiz will be available at the end of the training
  - Additional modules include Clinical, Rabies, Environmental Testing etc.

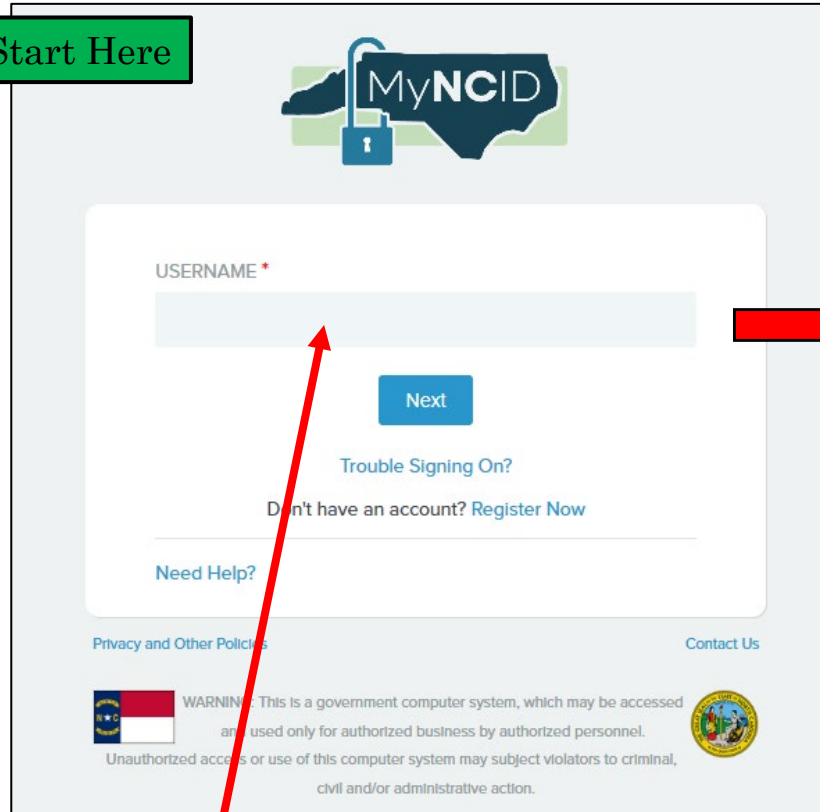
Complete the quiz      *Note: You must **pass the quiz** to gain approval*

NCSLPH will confirm before approving LWP registration



# 3. Complete New User Registration Form

Start Here



MyNCID

USERNAME \*

Next

Trouble Signing On?

Don't have an account? [Register Now](#)

[Need Help?](#)

[Privacy and Other Policies](#) [Contact Us](#)

WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.

NCID Username!



NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

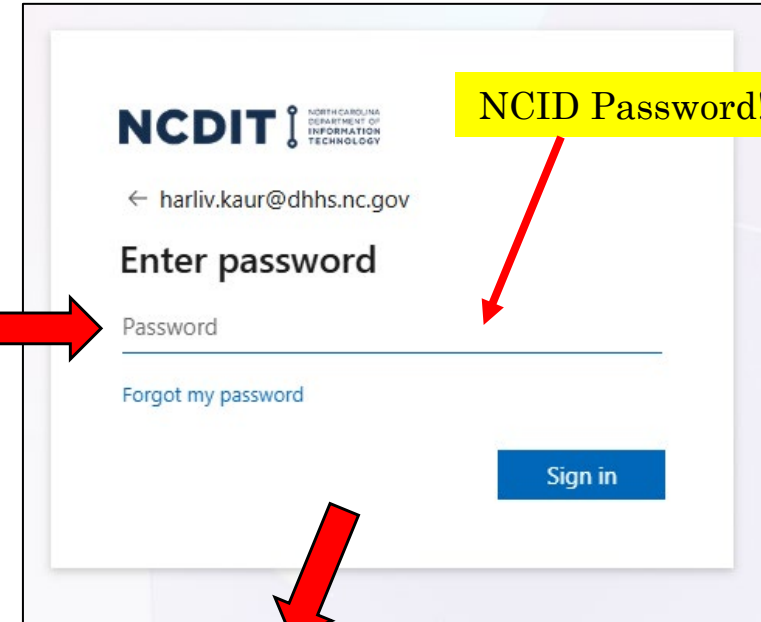
Sign in

harliv.kaur@dhhs.nc.gov

[Can't access your account?](#)

Next

Sign-in options



NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

← harliv.kaur@dhhs.nc.gov

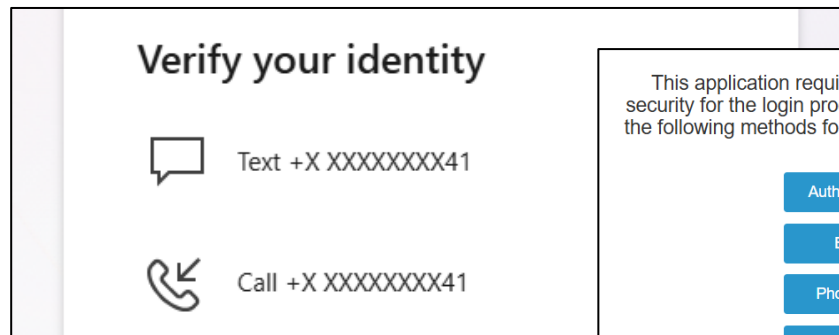
Enter password

Password

[Forgot my password](#)

Sign in

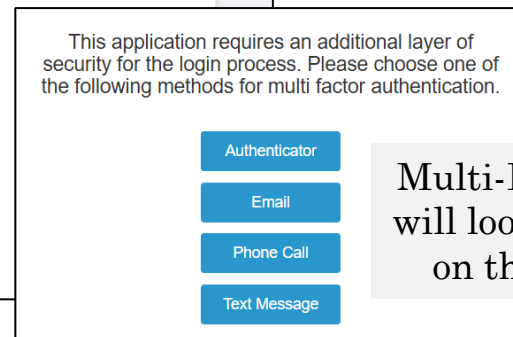
NCID Password!



Verify your identity

Text +X XXXXXXXX41

Call +X XXXXXXXX41



This application requires an additional layer of security for the login process. Please choose one of the following methods for multi factor authentication.

Authenticator

Email

Phone Call

Text Message

Multi-Factor Authentication will look different here based on the option you choose

Start Here

## New User Registration

### Account Details

\* Email

harliv.kaur@dhhs.nc.gov

\* First Name

Harliv

\* Last Name

Kaur

\* Title

### Contact Details

\* Primary Phone

(919) 807-8948

### Organization Details

\* 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

☐ NCSLPH Staff Only

\* Terms of Use

☐ I agree to the [Terms of Use](#)

\* Privacy Policy

☐ I agree to the [Privacy Policy](#)

SUBMIT

[Return to Login](#)

### Registration


Thank you for successfully registering.  
E-mail confirmation was sent to your email address.


[External] NC Lab Web Portal: Registration Received




# 4. Approval


We will confirm that you have passed your post-training quiz before approving your registration

[External] NC Lab Web Portal: Access Approved

lwp-noreply@sandbox.aimsplatform.com

To  Kaur, Harliv

  Reply 

 If there are problems with how this message is displayed, click here to view it in a web browser.

**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Outlook menu bar on the Home tab.

Hello Harliv Kaur!

Your access to NC Lab Web Portal has been approved. Please use your NCID username and password to login.

Use this link to login to the portal: <https://lwp-web.sandbox.aimsplatform.com/nc/#/>.

For registration and login assistance, please send an email to [slph.eto@dhhs.nc.gov](mailto:slph.eto@dhhs.nc.gov).

Thank you,

NC Lab Web Portal Team

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This is an automated message sent by the NC Lab Web Portal. Login at <https://lwp-web.sandbox.aimsplatform.com/nc/#/>.

# LWP Intro

The screenshot displays the LWP (Laboratory Work Platform) dashboard. The top header includes the NC Department of Health and Human Services logo, a hamburger menu icon, the word "Dashboard", a settings gear icon, and the user name "HARLIV KAUR".

The main dashboard area features eight summary cards arranged in a 2x4 grid:

- 1113** ALL CLINICAL ORDERS
- 217** ALL ENVIRONMENTAL ORDERS
- 693** MY PATIENTS
- 81** ALL RABIES ORDERS
- 2051** ADMIN: ALL CLINICAL ORDERS
- 730** PUBLISHED REPORTS
- 285** ADMIN: ALL ENVIRONMENTAL ORDERS
- 108** ADMIN: ALL RABIES ORDERS

The left sidebar contains the following navigation links: Dashboard, Incomplete Orders, In Transit Orders, All Orders, Published Reports, My Patients, and Help. Below these links are three prominent buttons: ORDER TESTS, BATCH ORDER, and VIEW REPORTS. A red arrow points from the ORDER TESTS button to a detailed view of test orders.

The detailed view shows three cards for "NC" (North Carolina) testing:

- NC Clinical Testing**  
Oct 15 2025  
No description  
NC
- NC Environmental Testing**  
Oct 18 2025  
No description  
NC
- NC Rabies Testing**  
Oct 14 2025  
No description  
NC



TESTING TYPE

\* If the test is for

☐ Surveillance ☐ Diagnostics

SUBMITTER INFORMATION

\* Submitter (Facility) Name

123456789A - NCSLPH TEST CUSTO



EIN

123456789A

Address

RM address 1

City

RM City

State

NC

County

Randolph

Zip Code

11111

Phone Number

(111) 111 1111

Fax Number

(111) 111 1111

Email Address

Reporting Contact Last Name



\* Requesting Health Care Provider



Contents

TESTING TYPE

\* If the test is for

SUBMITTER INFORMATION

✓ \* Submitter (Facility) Name

Reporting Contact Last Name

\* Requesting Health Care Provider

PATIENT INFORMATION

\* Last Name

\* Test Section

Is this Request involved in a Medical  
Legal Situation

SAMPLE INFORMATION

Specimen ID

\* Dx Code (ICD)

\* Date and Time Collected

\* Collector ID (initials)

\* Specimen Type

Specimen Site

Date Sent to Lab

Is this patient symptomatic

Date of Onset

AOE QUESTIONS

SUBMIT

SAVE

CLEAR

# PATIENT INFORMATION

\*Last Name

type for quick search



\*Test Section

☐ Arbovirus/Vector-borne

☐ Bioterrorism and Emerging Pathogens

☐ Chemical

☐ Immunology

☐ Virology

☐ Bacteriology

☐ Blood Lead (Hemachemistry)

Select a patient from the list below

Quick Search

LAST NAME ↕	FIRST NAME ↕	DATE OF BIRTH ↕	GENDER ↕	ADDRESS ↕	CITY ↕
AFLOJA	CHOCHA	10/01/2015	Unknown	5656 DANCEY DANC...	mebar
ALAN	SMITH	05/02/1999	Unknown	4312 DISTRICT DRIVE	RALEIGH
ALFONSO-HARRIS	ALEIDA	06/17/1993	Ambiguous	1209 ARMSTRONG CL...	Raleigh
ALFONSO-HARRIS	ETHAN	12/23/1997	Male	1209 ARMSTRONG CL...	Raleigh
ALLEN	JOHN	09/07/1987	Male	8541 SOMEWHERE O...	Yaken
ANALISSE	RONA	04/07/2012	Female	4312 DISTRICT DRIVE	RALEIGH
ANTIBODY ONE	SURFACE	10/08/2000	Unknown	123 TEST CASE LANE	raleigh
AUBERGINE	MINNIE	06/05/1972	Female	564 CRUELLA DE VILL...	MEBANE
BABY	A	06/04/2024	Unknown	ADDRESS	CITY
BABY	BOY	01/01/2002	Male	123 STREET	Wilmington
BACON	CHRIS	06/04/1995	Male	111 SPACE LANE	Jupiter
BACON	CHRIS	10/07/2025	Transgender, Male to ...	111 Space lane	Jupiter
BAD	DAY	02/02/2000	Female	4312 DISTRICT DRIVE	Raleigh, NC
BALL	BEACH	10/29/2025	Unknown	4321 CANDY LANE	raleigh
BFANS	BLACK	11/14/1969	Female	4312 DISTRICT DR	Raleigh

## Add new patient

\*Last Name

\*First Name

Middle Name

\*Date Of Birth



\*Patient Physical Address

\*City

\*State

\*Patient Zip Code

Unknown Patient Zip Code

County

\*Phone Number

Unknown Patient Phone Number

☐ Unknown

\*Patient Gender

☐ Female ☐ Male ☐ Transgender, Male to Female ☐ Transgender, Female to Male ☐ Ambiguous

☐ Unknown

\*Patient Race (mark all that apply)

☐ White ☐ Black ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Isles

CLOSE

CLEAR

SUBMIT

Rows per page: 25

1-25 of 693

CLOSE

ADD

SELECT

Is this Request

SAMPLE INFO

Specimen ID

\*Date and Time

Specimen Type

Specimen Site

Date Sent to Lab

Is this patient symptomatic

☐ Yes ☐ No ☐ Unknown

Date of Onset



SUBMIT

SAVE

CLEAR

alt + f1 to use the navigation

## PATIENT INFORMATION

\*Last Name

type for quick search



\*Test Section

- ☐ Arbovirus/Vector-borne
 ☐ Bacteriology
- ☐ Bioterrorism and Emerging Pathogens
 ☐ Blood Lead (Hemachemistry)
- ☐ Chemical Terrorism and Threat
 ☐ Enterics
- ☐ Immunology/Serology
 ☐ Mycology/Mycobacteriology/Parasitology
- ☐ Virology

Is this Request involved in a Medical Legal Situation

## SAMPLE INFORMATION

Specimen ID

\*Dx Code (ICD)

(NA acceptable to allow pass of surveillance specimens)

\*Date and Time Collected



\*Collector ID (initials)

Specimen Type

Specimen Site



Date Sent to Lab



Is this patient symptomatic

☐ Yes
 ☐ No
 ☐ Unknown

Date of Onset



## Contents

### TESTING TYPE

✓ \* If the test is for

### SUBMITTER INFORMATION

✓ \* Submitter (Facility) Name

Reporting Contact Last Name

✓ \* Requesting Health Care Provider

### PATIENT INFORMATION

\*Last Name

\*Test Section

Is this Request involved in a Medical Legal Situation

### SAMPLE INFORMATION

Specimen ID

\*Dx Code (ICD)

\*Date and Time Collected

\*Collector ID (initials)

\*Specimen Type

Specimen Site

Date Sent to Lab

Is this patient symptomatic

Date of Onset

### AOE QUESTIONS

SUBMIT

SAVE

CLEAR

alt + f1 to use the navigation

When picking a test section, fields in Sample Information will change accordingly

Based on the Test Section chosen, the tests will populate accordingly.  
Circles are for single-select and squares are for multi-select

**Arbovirus/Vector-borne** ?

<input type="radio"/> Arbovirus Travel Asso Panel (PCR) w/Dengue IgM serology reflex ⓘ	<input type="radio"/> Arbovirus/Vector-borne Referral Test ⓘ
<input type="radio"/> Chikungunya IgM Serology	<input type="radio"/> Dengue IgM Serology

**\*Test Section**

<input type="radio"/> Arbovirus/Vector-borne	<input type="radio"/> Bacteriology
<input type="radio"/> Bioterrorism and Emerging Pathogens	<input type="radio"/> Blood Lead (Hemachemistry)
<input type="radio"/> Chemical Terrorism and Threat	<input type="radio"/> Enterics
<input type="radio"/> Immunology/Serology	<input type="radio"/> Mycology/Mycobacteriology/Parasitology
<input type="radio"/> Virology	

Is this Request involved in a Medical Legal Situation

**\*Select Test Below**

**Immunology/Serology** ?

<input type="checkbox"/> Hepatitis A IgM (Outbreak)	<input type="checkbox"/> Hepatitis B Serology (Screen)
<input type="checkbox"/> Hepatitis A and B Symptomatic Panel	<input type="checkbox"/> Hepatitis C Serology with Confirmation
<input type="checkbox"/> HIV Screen with Confirmation	<input type="checkbox"/> Rubella Serology IgG
<input type="checkbox"/> Rubella Serology IgM ⓘ	<input type="checkbox"/> Measles Serology ⓘ
<input type="checkbox"/> Mumps Serology ⓘ	<input type="checkbox"/> Syphilis RPR Only ⓘ
<input type="checkbox"/> Syphilis Panel ⓘ	<input type="checkbox"/> Immunology/Serology Referral Test ⓘ



## SAMPLE INFORMATION

Specimen ID

\* Dx Code (ICD)

(NA acceptable to allow pass of surveillance specimens)

\* Date and Time Collected



\* Collector ID (initials)

\* Specimen Type



Specimen Site



\* Select Test Below

### Arbovirus/Vector-borne ?

- ☐ Arbovirus Travel Asso Panel (PCR) w/Dengue IgM serology reflex ⓘ
- ☐ Chikungunya IgM Serology
- ☐ Arbovirus/Vector-borne Referral Test ⓘ
- ☐ Dengue IgM Serology

Date Sent to Lab



Is this patient symptomatic

☐ Yes ☐ No ☐ Unknown

Date of Onset

## AOE QUESTIONS

✓ \* Submitter (Facility) Name

Reporting Contact Last Name

✓ \* Requesting Health Care Provider

## PATIENT INFORMATION

✓ \* Last Name

✓ Date of Birth

✓ \* Test Section

Is this Request involved in a Medical Legal Situation

## SAMPLE INFORMATION

Specimen ID

\* Dx Code (ICD)

\* Date and Time Collected

\* Collector ID (initials)

\* Specimen Type

Specimen Site

\* Select Test Below

Date Sent to Lab

Is this patient symptomatic

Date of Onset

## AOE QUESTIONS


When picking Specimen Type, specific tests and AOE questions will change accordingly

Click 'Submit' when complete

SUBMIT

SAVE

CLEAR



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

Division of Public Health

All Orders

124

HARLIV K

Dashboard

Incomplete Orders

In Transit Orders

All Orders

Published Reports

My Patients

Help

ORDER TESTS

BATCH ORDER

VIEW REPORTS

test

				DATE SUBMITTED	FACILITY NAME	STATUS	DATE RECEIVED	LIMS ACCESSION ID	PROCESSED BY
<input type="checkbox"/>				/02/2026 02:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 02:05 pm	N253630141	Harliv Kaur
<input type="checkbox"/>				/02/2026 02:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 02:05 pm	N253630140	Harliv Kaur
<input type="checkbox"/>				/02/2026 02:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 02:05 pm	N253630109	Harliv Kaur
<input type="checkbox"/>				/02/2026 02:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 02:05 pm	N253630108	Harliv Kaur
<input type="checkbox"/>				/29/2025 01:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:38 pm	N253630107	Harliv Kaur
<input type="checkbox"/>				/02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630106	Harliv Kaur
<input type="checkbox"/>				/02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630105	Harliv Kaur
<input type="checkbox"/>				/02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630104	Harliv Kaur
<input type="checkbox"/>				/02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 01:37 pm	N253630103	Harliv Kaur
<input type="checkbox"/>				/29/2025 12:34 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InTransit		N253630089	Catherine Evans
<input type="checkbox"/>				/02/2026 02:17 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 02:17 pm	N253630080	Harliv Kaur
<input type="checkbox"/>				/02/2026 02:17 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 02:17 pm	N253630079	Harliv Kaur

- After completing and submitting an order, go to ‘All Orders’
- The “LIMS ACCESSION ID” is provided for every test order created within 1-3 minutes
  - Each order is sent to our LIMS system as soon as it is generated. Our system assigns it a LIMS Accession ID number

LIMS ACCESSION ID	PROCESSED BY
	testerhk testerhk

# Prep for Shipment

## 1. Test Order Requisition Forms

- Autogenerated and available in LWP – Very similar to current paper requisition sent in with the sample

## 2. Labels

- New! Label the samples before they are submitted to the lab


## 3. Shipping Manifest


- New! Include one shipping manifest with each shipment of orders – Print at end of preparation stage

1

North Carolina State Laboratory of Public Health  
4312 District Drive  
Raleigh, NC 27607  
Phone: (919) 733-3937  
Fax: (919) 733-8695

Requisition  
Date Submitted: 9/8/2025 3:17:46 PM EDT  
Submitted By: testerhk testerhk

 NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

  
Order ID: **OIDNC25000989**

Test  
Testing Type: **Diagnostics**


Patient Information  
Last Name: **BERRY** First Name: **STRAW**  
Date of Birth: **10/10/1998**  
Address: **123 ANY ST**  
City: **Raleigh** State: **NC**  
Patient Zip Code: **27607**  
Phone Number: **(919) 919-9191**  
County: **Greene**  
Patient Gender: **Male**  
Race: **White**  
Ethnicity: **Non Hispanic**  
Local Patient ID: **N/A** Medicaid Number:  
Insurance ID Number:

Submitter Information  
Facility Name: **123456789A - NCSLPH TEST CUSTOMER** EIN:  
Address: **RM address 1**  
City: **RM City** County: **RANDOLPH** Zip Code: **11111**  
State: **NC** Phone Number: **(111) 111-1111** Fax Number: **(111) 111-1111**  
Reporting Contact:  
Email:  
Requesting Health Care Provider: **Berry, Blue** NPI: **7896541230**  
Phone Number: Fax Number:  
Email:  
Address:

Zip Code:


**NA**  
Initials): **hk**

2



**N252510001SYP Syphilis Serology**  
**BERRY, STRAW**  
**DOB:10/10/1998 Collected:9/8/2025 3:15:00 PM**


3

 NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

**Shipping Manifest**

Submitter:  
Submitter Information 123456789A - 123456789A - NCSLPH TEST CUSTOMER  
RM address 1, RM City, NC 11111  
Submitter Phone: (111) 111-1111, Submitter Fax: (111) 111-1111  
Reporting Contact: Contact, RM


Test Section: **Immunology/Serology**

Portal ID	LIMS ID	Patient Name	Patient DOB	Test	Date and Time Collected	Specimen Type
 OIDNC25000989	N252510001	BERRY, STRAW	10/10/1998	Syphilis Panel	9/8/2025 7:15:00 PM	Serum

North Carolina State Laboratory of Public Health  
4312 District Drive, Raleigh, NC 27607  
Phone: (919) 733-3937  
Fax: (919) 715-8610

Rabies and Environmental a little different

Order Requisition Forms and Labels can be printed from 'All Orders' also



















NC DEPARTMENT OF  
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HUMAN SERVICES  
Division of Public Health

In Transit Orders

13

5 SELECTED



		PORTAL ID	PATIENT NAME	PATIENT DOB		
<input checked="" type="checkbox"/>				<a href="#">OIDNC250005903</a>	<a href="#">CASE 01, PROD TEST</a>	01/01/1971
<input checked="" type="checkbox"/>				<a href="#">OIDNC250005091</a>	<a href="#">TEST, SPAME NEWSEX</a>	01/01/2003
<input checked="" type="checkbox"/>				<a href="#">OIDNC250004293</a>	<a href="#">TEST, SPAME</a>	01/01/2000
<input checked="" type="checkbox"/>				<a href="#">OIDNC250004294</a>	<a href="#">TEST, SPAME</a>	01/01/2000
				<a href="#">OIDNC250004295</a>	<a href="#">TEST, SPAME</a>	01/01/2000
				<a href="#">OIDNC250004292</a>	<a href="#">TEST, SPAME</a>	01/01/2000

North Carolina State Laboratory of Public Health  
4312 District Drive  
Raleigh, NC 27607  
Phone: (919) 733-3937  
Fax: (919) 733-8695

Requisition  
Date Submitted: 9/8/2025 3:15:00 PM EDT  
Submitted By: scott@ncslph.org



NC DEPARTMENT OF  
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HUMAN SERVICES  
Division of Public Health



Order ID: 08DNC25000099

Test

Testing Type: Diagnostics

Patient Information

Last Name: BERRY  
Date of Birth: 10/10/1998  
Address: 123 ANY ST  
City: Raleigh  
State: NC  
Patient Zip Code: 27607  
Phone Number: (919) 919-9191  
Country: Greece  
Patient Gender: Male  
Race: White  
Ethnicity: Non Hispanic  
Local Patient ID: N/A  
Insurance ID Number:

Schedule Information

Facility Name: 123456789A - NCSLPH TEST CUSTOMER  
Address: RM address 1  
City: RM City  
State: NC  
County: RANDOLPH  
Zip Code: 11111  
Phone Number: (111) 111-1111  
Fax Number: (111) 111-1111  
Reporting Contact:  
Email:  
Reporting Health Care Provider: Berry, Blue  
NPI: 989641230  
Phone Number:  
Fax Number:  
Address:  
City:  
State:  
Zip Code:

Test Section: Immunology/Serology

Sample Information  
Specimen ID:   
Date and Time Collected: 9/8/2025 3:15:00 PM EDT  
Specimen Type: Serum  
Test: Syphilis Panel  
Date Sent to Lab: 9/8/2025  
Is this patient symptomatic: Yes  
Date of Onset: 9/8/2025

ACCESSION


Class/Program: STD  
Relevant Clinical Information: Late or latent syphilis suspected  
Presential: No



N252510001SYP Syphilis Serology

BERRY, STRAW

DOB:10/10/1998 Collected:9/8/2025 3:15:00 PM



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Division of Public Health


North Carolina State Laboratory of Public Health  
4312 District Drive, Raleigh, NC 27607  
Phone: (919) 733-3937  
Fax: (919) 715-8610

Shipping Manifest

Submitter:

Submitter Information  
123456789A - 123456789A - NCSLPH TEST CUSTOMER  
RM address 1, RM City, NC 11111  
Submitter Phone: (111) 111-1111, Submitter Fax: (111) 111-1111  
Reporting Contact: Contact, RM

Test Section: Immunology/Serology

Portal ID	LIMS ID	Patient Name	Patient DOB	Test	Date and Time Collected	Specimen Type
 <div>OIDNC250000989</div>	N252510001	BERRY, STRAW	10/10/1998	Syphilis Panel	9/8/2025 7:15:00 PM	Serum

test

<input type="checkbox"/>				DATE SUBMITTED	FACILITY NAME	STATUS	DATE RECEIVED	LIMS ACCESSION ID	PROCESSED BY
<input type="checkbox"/>				> /02/2026 02:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 02:05 pm	N253630108	Harliv Kaur
<input type="checkbox"/>				> /29/2025 01:05 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:36 pm	N253630107	Harliv Kaur
<input type="checkbox"/>				> /02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630106	Harliv Kaur
<input type="checkbox"/>				> /02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630105	Harliv Kaur
<input type="checkbox"/>				> /02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630104	Harliv Kaur
<input type="checkbox"/>				> /02/2026 01:37 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 01:37 pm	N253630103	Harliv Kaur
<input type="checkbox"/>				> /29/2025 12:34 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InTransit		N253630089	Catherine Evans
<input type="checkbox"/>				> /02/2026 02:17 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	Released	01/02/2026 02:17 pm	N253630080	Harliv Kaur
<input type="checkbox"/>				> /02/2026 02:17 pm	562033116 - DHHS-STATE LAB OF PUBLIC HEALTH	InProcess	01/02/2026 02:17 pm	N253630079	Harliv Kaur

### Timeline



Dashboard

Incomplete Orders

In Transit Orders

All Orders

Published Reports

My Patients

Help

ORDER TESTS

BATCH ORDER

VIEW REPORTS

When testing is complete from the lab and the sample report is released in StarLIMS, the order will update in LWP for the Status column and a PDF icon will appear

<input type="checkbox"/>	<input type="checkbox"/>	PORTAL ID	PATIENT NAME	PATIENT DOB
<input type="checkbox"/>	<input checked="" type="checkbox"/>	OIDNC250001911	BEANS, JELLY F	05/23/2023
<input type="checkbox"/>	<input checked="" type="checkbox"/>	OIDNC250001910	HAPPY, HALLOWEEN	02/02/1972
<input type="checkbox"/>	<input checked="" type="checkbox"/>	OIDNC250001909	CASE, TEST	02/15/2009

STATUS

InTransit

Released

Download Report

OIDNC250000932.HIV-Final.pdf

Aug 29 2025 11:53 AM

NEW

Download Report


OIDNC250000984.Rubella Panel-Final.pdf

Aug 29 2025 12:19 PM

User Name	Action	Date
testerhk testerhk	Viewed	09/07/2025 04:42 PM
testerhk testerhk	Viewed	09/07/2025 04:41 PM

CLOSE

Page 1 of 1



North Carolina State Laboratory of Public Health

Serology Laboratory

4312 District Drive

MSC 1918

Raleigh, NC 27699-1918

http://slph.ncpublichealth.com

Phone: 919-733-3937

Fax: 919-715-8610

FINAL REPORT

General Information

Patient:	TEST CASE, RUBELLA	Local Pat. ID:	N/A
Date of Birth:	01/01/2000	SSN:	
Sex:	UNKNOWN	Patient Address:	123 TEST CASE DRIVE
Race:	UNKNOWN		raleigh, NC 27612
Ethnicity:	UNKNOWN	Home Phone #:	9197000000
Submitter:	NCSLPH TEST CUSTOMER	Medicaid #:	
EIN:	123456789A	Date Ordered:	08/27/2025 14:49
Ordered by:			

Specimen Information

Lab Number:	N252390008RUB	Collected:	08/27/2025 14:28
Specimen Source (Type):	SERUM	Received:	08/27/2025 14:49
Clinic Type:	Prenatal	Relevant Clinical Information:	
Reason For Test:	Z123.3		

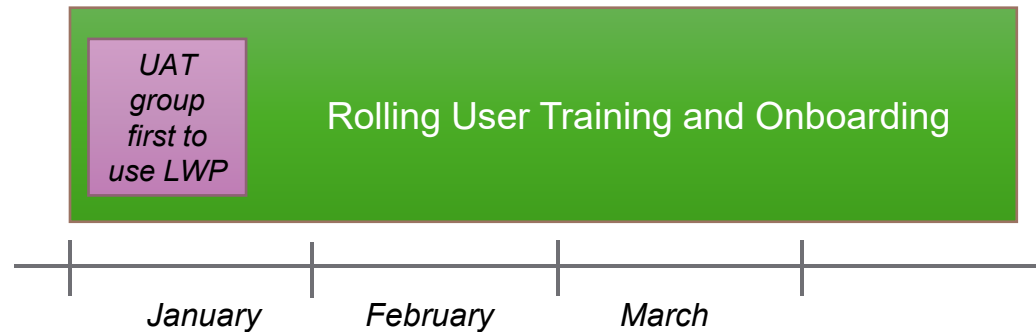
Specimen Comment:

Laboratory Results for Rubella Panel

Test Name	Result
Rubella IgG Antibody	Positive
Comment(s):	
	Positive for IgG antibodies to rubella virus.

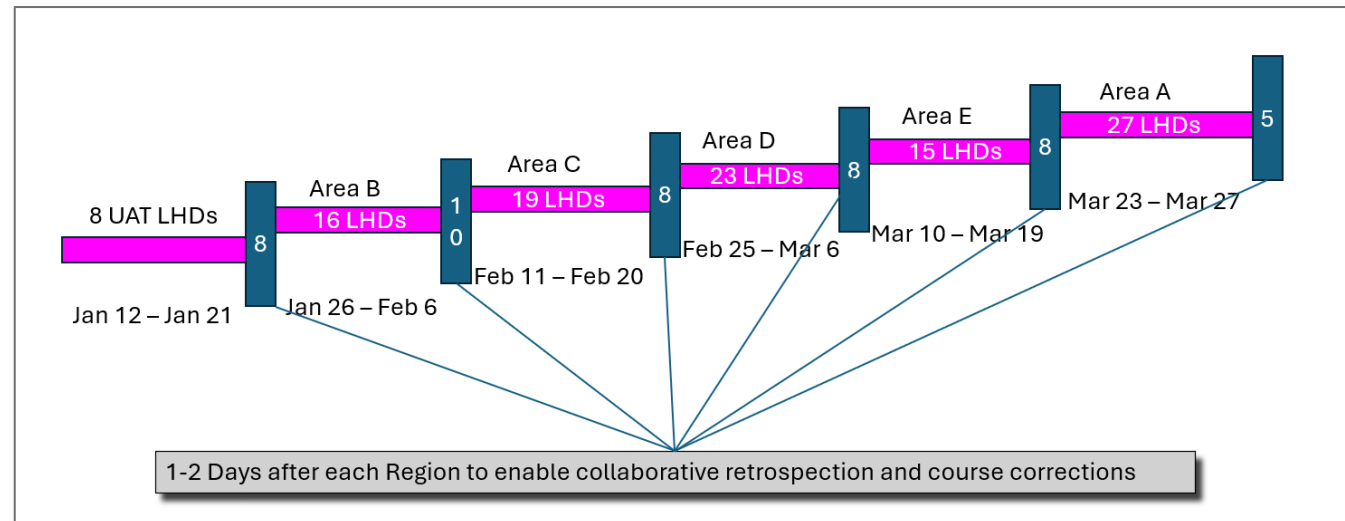
# LWP Demonstration

# Roll-Out of LWP



## January 2026 through March 2026:

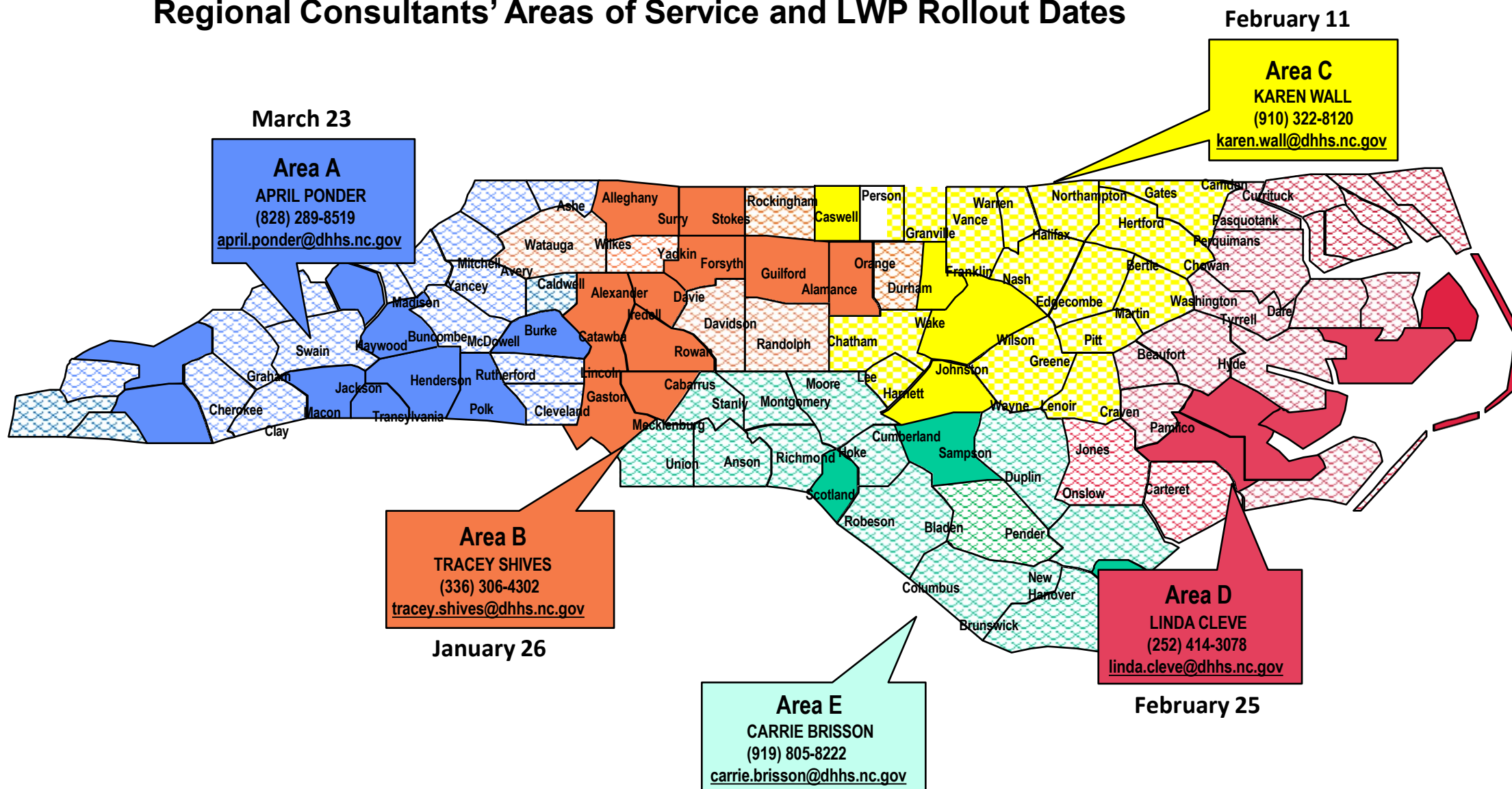
- First access group: UAT LHDs
- Subsequent roll-out by NC Area





# North Carolina State Laboratory of Public Health

## Regional Consultants' Areas of Service and LWP Rollout Dates



*CLIA Contract Program counties are shaded with a pattern.*

*Non-contract counties are solid in color.*



NC DEPARTMENT OF  
**HEALTH AND  
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Division of Public Health  
State Laboratory of Public Health

Thank you for listening! We look forward to working with everyone on LWP Roll-Out these next few months.

SLPH ETOR Inbox: [slph.eto@dhhs.nc.gov](mailto:slph.eto@dhhs.nc.gov)

Questions! 😊