



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

Lab Web Portal (LWP) Training

January 13th, 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

HIV/HCV TESTING REPORT FORM

Test Requested HIV HCV HIV and HCV

Reason: _____ Initials: _____

NC Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive • Raleigh, NC 27607

Last Name: _____ MI: _____

Address: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Local Pt ID: _____ Date of Birth: _____ / _____ / _____

Medicaid Client: Yes No Annual Exam Date: _____ / _____ / _____ Dx Code/ ICD: _____

If yes, enter #: _____

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

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 History of Injection drug use STD Clinic Prison/Jail Other Clinical Vaginal/Anal sex with a MALE partner Drug Treatment DIS Field Visit Other Non-clinical Vaginal/Anal sex with a FEMALE partner Family Planning PreNatal/OB Related Community Setting Current 900 Injection drug use TB Clinic Risk Factors: Previous HIV Test? No Yes Unknown Multiple Sexual Partners



NC Clinical Testing

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

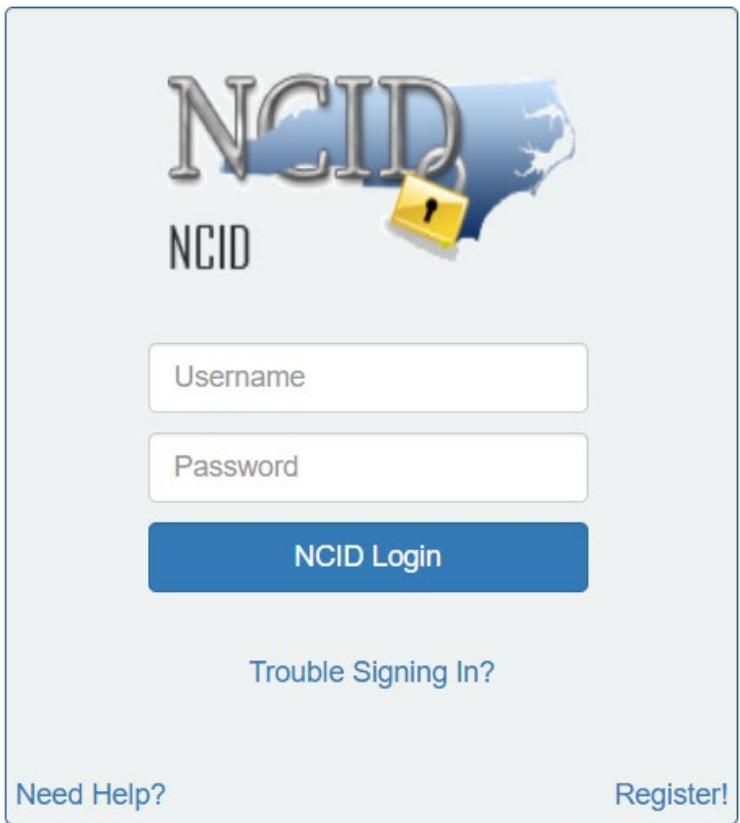
- Ordering Providers
 - Reusable facility and patient information
 - Copy functionality for regularly ordered tests
 - Batch order upload capability
 - Workflow tracking functionality
 - Faster results reporting with immediate access to online reports
- NCSLPH
 - Digitizes test requisition form information
 - 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

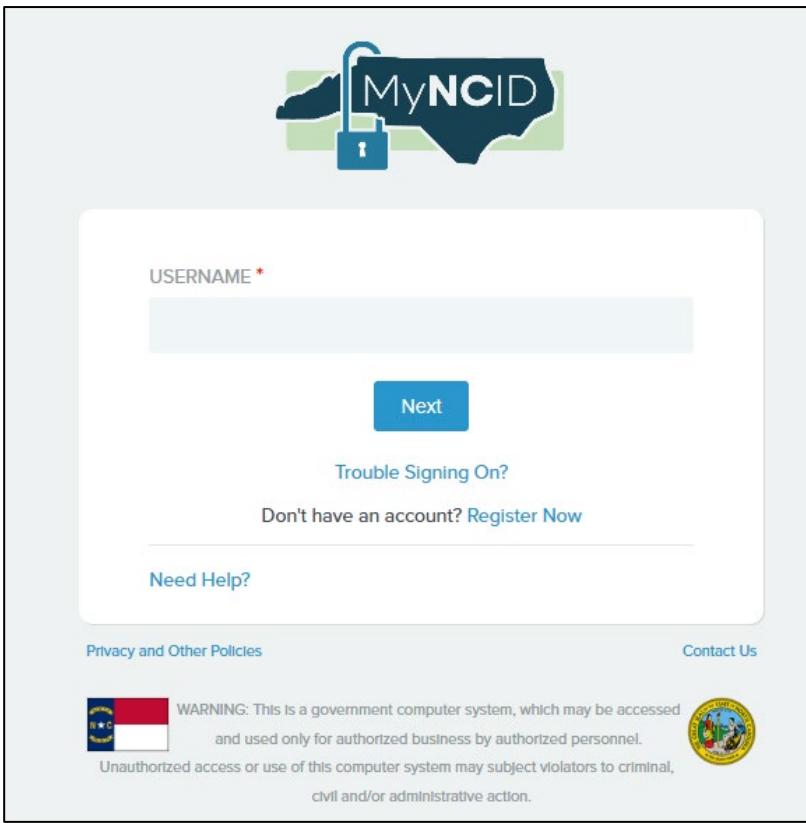
Access Lab Web Portal (LWP)!

Primary Websites



The NCID login page features a large "NCID" logo with a blue and white design. Below it is a yellow padlock icon. The page contains two input fields: "Username" and "Password", and a large blue "NCID Login" button. At the bottom, there are links for "Trouble Signing In?", "Need Help?", and "Register!".

NCID Page: ncid.nc.gov



The MyNCID login page features a logo with the text "MyNCID" over a map of North Carolina. It has a "USERNAME *" field with a lock icon, a "Next" button, and a "Trouble Signing On?" link. Below the form are links for "Privacy and Other Policies" and "Contact Us". A "WARNING" message at the bottom states: "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." It also includes the NC and EU flags.

LWP Login Page
(will redirect to MyNCID Page)

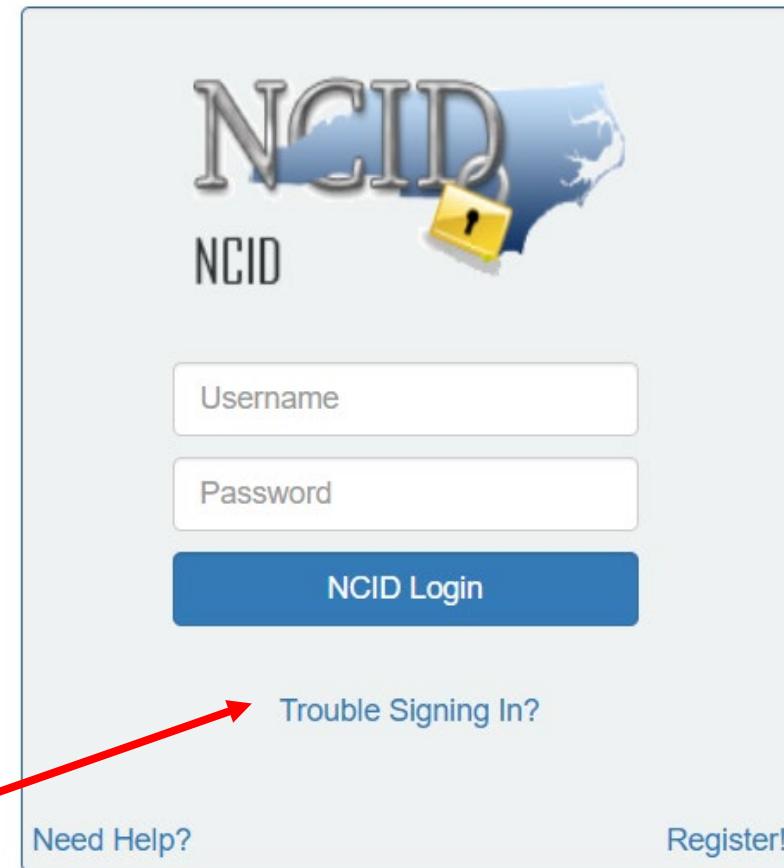
<https://lwp-web.aimsplatform.com/nc/#/>

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



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

NCID Username!

NCID Password!

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

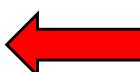
- I agree to the [Terms of Use](#)

* 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

 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 log in.

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.otor@dhhs.nc.gov.

Thank you,

NC Lab Web Portal Team

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

LWP Intro

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

≡ Dashboard HARLIV KAUR

Dashboard

Incomplete Orders

In Transit Orders

All Orders

Published Reports

My Patients

Help

ORDER TESTS (highlighted with a red arrow)

BATCH ORDER

VIEW REPORTS

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

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

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

alt + f1 to use the navigation

PATIENT INFORMATION

*Last Name

type for quick search



*Test Section

 Arbovirus/Vector-borne Bioterrorism and Emerging Pathogens Chemical Immunology Virology

Is this Request

SAMPLE INFORMATION

Specimen ID

*Date and Time

Specimen Type

Specimen Site

Date Sent to

Is this patient symptomatic

 Yes No Unknown

Date of Onset

Contents

Add new patient

*Last Name

*First Name

Middle Name



*Date Of Birth

*Patient Physical Address

*City

*State

*Patient Zip Code

Unknown Patient Zip Code



Unknown Patient Phone Number

 Unknown

County

*Phone Number

*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

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...	mebane
ALAN	SMITH	05/02/1999	Unknown	4312 DISTRICT DRIVE	RALEIGH
ALFONSO-HARRIS	ALEIDA	06/17/1993	Ambiguous	1209 ARMSTRONG CI...	Raleigh
ALFONSO-HARRIS	ETHAN	12/23/1997	Male	1209 ARMSTRONG CI...	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
RFANS	RI ACK	11/14/1969	Female	4312 DISTRICT DR...	Raleigh

Rows per page: 25 ▾ 1-25 of 693 < >

CLOSE ADD SELECT

SUBMIT SAVE CLEAR

alt + f1 to use the navigation

PATIENT INFORMATION

*Last Name



*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

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

SUBMIT

SAVE

CLEAR

alt + f1 to use the navigation

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 [?](#)

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

***Test Section**

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

Is this Request involved in a Medical Legal Situation

***Select Test Below**

Immunology/Serology [?](#)

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

SAMPLE INFORMATION

Specimen ID

* Dx Code (ICD)
(NA acceptable to allow pass of surveillance specimens)

* Date and Time Collected

* Specimen Type

Specimen Site

* Select Test Below

Arbovirus/Vector-borne ?

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

Date Sent to Lab

Is this patient symptomatic

Yes No Unknown

Date of Onset

AOE QUESTIONS

Click 'Submit' when complete

✓ * 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

SUBMIT **SAVE** **CLEAR**

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



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 01:36 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	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

1

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

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

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

Order ID: **OIDNC250000989**

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	
State: NC	County: RANDOLPH
Phone Number: (111) 111-1111	Zip Code: 11111
Reporting Contact:	Fax Number: (111) 111-1111
Email:	

Requesting Health Care Provider: **Berry, Blue**

NPI: 7896541230	
Phone Number:	
Email:	
Address:	

Zip Code: **11111**

NA initials): **hk**

2

3

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

Shipping Manifest

Submitter: **123456789A - NCSLPH TEST CUSTOMER**

Submitter Information

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
N252510001	N252510001	BERRY, STRAW	10/10/1998	Syphilis Panel	9/8/2025 7:15:00 PM	Serum

OIDNC250000989

2

3

Barcode

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



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

≡ In Transit Orders 13

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

Dashboard

Incomplete Orders

In Transit Orders

All Orders

Published Reports

My Patients

5 SELECTED

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

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

Date Submitted: 9/8/2025 3:15:46 PM EDT
Submitted By: testtek testtek

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Test

Testing Type: Diagnostics

Patient Information:

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

Facility Name: 123456789A - NCSLPH TEST CUSTOMER - EIN:
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:
Requesting Health Care Provider: Berry, Blue
NPI: 7896541230
Phone Number:
Email:
Address:
City:
State:
Zip Code:
Test Section: Immunology/Serology

Specimen Information:

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

Clinical Programs STD
Relevant Clinical Information: Late or latent syphilis suspected
Prenatal: No

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

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

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
N252510001	BERRY, STRAW	10/10/1998	Syphilis Panel	9/8/2025 7:15:00 PM	Serum	

OIDNC25000989

test



	DATE SUBMITTED	FACILITY NAME	STATUS	DATE RECEIVED	LIMS ACCESSION ID	PROCESSED BY
<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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
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<input type="checkbox"/>	<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"/>	<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

	PORTAL ID	PATIENT NAME	PATIENT DOB
<input type="checkbox"/>	<input checked="" type="checkbox"/>  ODNC250001911	BEANS, JELLY F	05/23/2023
<input type="checkbox"/>	<input checked="" type="checkbox"/>  ODNC250001910	HAPPY, HALLOWEEN	02/02/1972
<input type="checkbox"/>	<input checked="" type="checkbox"/>  ODNC250001909	CASE, TEST	02/15/2009

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

STATUS 

InTransit

Released



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 raleigh, NC 27612
Race:	UNKNOWN		
Ethnicity:	UNKNOWN		
Submitter:	NCSLPH TEST CUSTOMER	Home Phone #:	9197000000
EIN:	123456789A	Medicaid #:	
Ordered by:		Date Ordered:	08/27/2025 14:49

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):	<ul style="list-style-type: none">Positive for IgG antibodies to rubella virus.

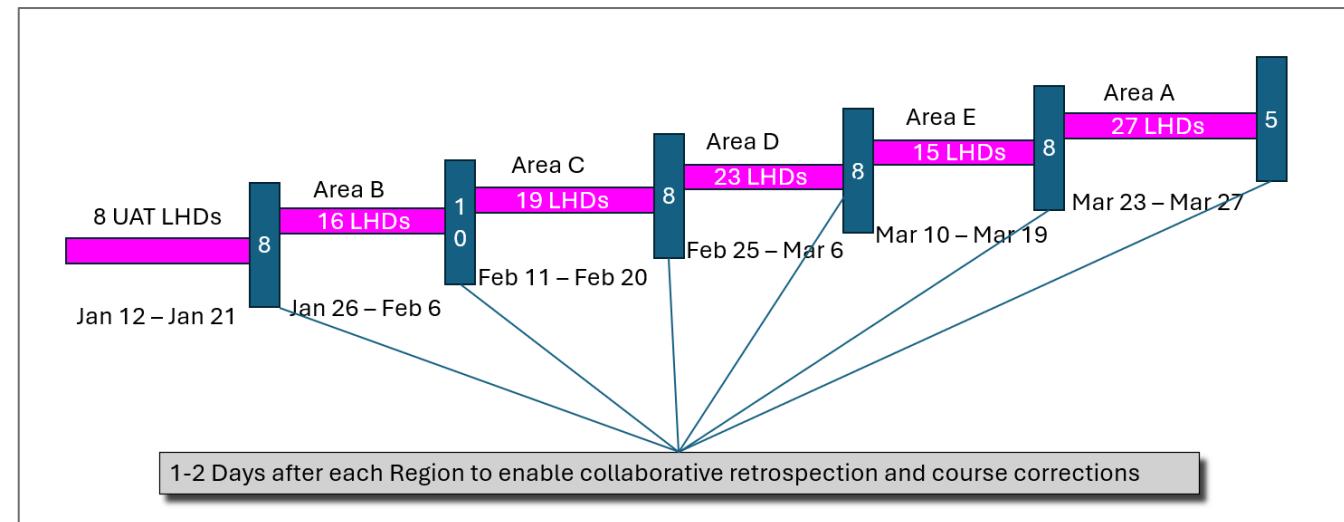
LWP Demonstration

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

February 11

March 23

Area A
APRIL PONDER
(828) 289-8519
april.ponder@dhhs.nc.gov

Area A

APRIL PONDER
(828) 289-8519
april.ponder@dhhs.nc.gov

January 26

Area B
TRACEY SHIVES
(336) 306-4302
tracey.shives@dhhs.nc.gov

Area D
LINDA CLEVE
(252) 414-3078
da.cleve@dhhs.nc.gov

February 25

Area E
CARRIE BRISSON
(919) 805-8222
carrie.brisson@dhhs.nc.gov

March 10

CLIA Contract Program counties are shaded with a pattern.

Non-contract counties are solid in color.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
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.otor@dhhs.nc.gov

Questions! ☺