

Kentucky Laboratory Web Outreach Access Request Form

Mail, Email, or Fax completed, signed form to:

Division of Laboratory Services
Attention: KY-LWO Customer Service Center
100 Sower Blvd. Ste 204
Frankfort KY 40601
Fax: 502-564-7019
Phone: 502-564-4446 X 1
Email: CHFS.CSCO@ky.gov



This form must be completed for any person needing permission to access the Kentucky Laboratory Web Outreach (KY-LWO) system. All information must be accurate and complete. The form must be completed in ink or typed; all information must contain the appropriate authorizing signature. When the form is completed and signed, it must be sent to the LWO Customer Service Center for verification and approval by the KY- LWO Program Director.

User Profile

REQUEST DATE: _____

USER'S NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE ____ ZIP _____ COUNTY: _____

WHAT TEST DO YOUR ROUTINELY ORDER? _____

JOB TITLE/FUNCTION: _____

WORK EMAIL ADDRESS: _____ OFFICE PHONE: _____

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

USER'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S PHONE: _____

FOR USE BY KY-LWO PERSONNEL ONLY:

USER ID CREATED: _____ CREATED DATE: _____

USER ID CREATED BY (KY-LWO ADMINISTRATOR): _____