

CLIA	Office of Public Health Laboratory	Section or Department: Clinical Laboratory	
Qualtrax ID: 6435 Revision: 2	Title: Submitter Update-Secure Fax Form	Publish Date: 04/04/2020	Status: Published

Submitter Information Update/Secure Fax Form:

Facility Full Name: _____

Address: _____ Building, Floor, Room: _____

City, State, Zip: _____

Parish: _____ Region: _____

Telephone Number: _____ Additional #: _____

*Secure fax machine should be in a controlled location to prevent unauthorized individuals from accessing sent/received Protected Health Information (PHI). May use the word "All" for test type to represent all test results. Please attach a separate page for additional fax numbers, reporting contacts, ordering providers/physicians, etc.

*Secure Fax Number: _____	Type of Test(s): _____
Primary Reporting Contact: _____	Email: _____

*Secure Fax Number: _____	Type of Test(s): _____
Reporting Contact: _____	Email: _____

*Secure Fax Number: _____	Type of Test(s): _____
Reporting Contact: _____	Email: _____

Days and Hours of Operation: _____

Contact Person for courier pick-ups: _____

Pick-ups preferences: (i.e. Daily, Tuesdays and Thursdays only, Mondays only, Will Call when needed):

Preferred sample pick-up days/times: (Please specify a range for times. Example: 2-4:30 PM):

^Default Ordering Provider: _____	Title: _____
National Provider Identifier (NPI#): _____	Email: _____
<small>^Note: Unless otherwise specified on the manual test submission form, the default ordering provider will be assigned as the ordering physician.</small>	

Additional Ordering Provider(s) with their NPI# at your facility (i.e. MLD, MD, PA, NP, etc.):

Signature: _____ Title: _____ Date: _____

Fax/Email form to: OPH Laboratory – ATTN: StarLIMS Administrator @ (225) 219-4903 or
SysAdmin.StarLIMS@la.gov. Printable form can be found on OPH Lab website www.ldh.la.gov/lab.