

## CalREDIE Manual Lab Reporting Account Authorization Form

**Instructions for Manual Lab Reporting (MLR) Users: Please complete the Account Authorization form and submit to the CalREDIE Help Desk.**

*A Manual Lab Reporting User is any individual authorized by the California Department of Public Health (CDPH) to use CalREDIE to electronically submit lab results for SARS-CoV-2 (COVID-19) to the local health department. CDPH is the only entity that can authorize Manual Lab Reporting Users.*

**Action:**  Add New Account       Change Existing Account       Delete Existing Account

### 1. MLR User Registration Information – TO BE COMPLETED BY USER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Lab/Facility Name: \_\_\_\_\_  
 Lab/Facility Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Lab/Facility Zip Code: \_\_\_\_\_  
 Lab/Facility Phone Number: \_\_\_\_\_ Lab/Facility Fax Number: \_\_\_\_\_  
 Lab/Facility CLIA ID: \_\_\_\_\_  
 User's Direct Work Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_  
 User's Work E-Mail Address (*no shared emails*): \_\_\_\_\_

Select the result(s) you are reporting below. **You will need to know the LOINC code when submitting your results to CalREDIE.**

BD Veritor (LOINC 94558-4)  
 Quidel Sofia 2 (LOINC 95209-3)  
 Abbott BinaxNow (LOINC 94558-4)  
 Other LOINC(s) and Test Name(s) \_\_\_\_\_  
 \_\_\_\_\_

***I certify that my username and password is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. I agree that I will protect my username and password from unauthorized use, and that I will contact the CalREDIE Help Desk within 24-hours of discovery, or as soon as reasonably possibly, if I suspect that my username and password has been lost, stolen, or otherwise compromised. I agree to ensure my browser settings are up to date according to the CalREDIE browser requirements document; and that if I gain access to data, in error, that I am not responsible for or that does not belong to me, I will notify CalREDIE Help immediately so that they may assess the situation and correct the problem.***

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_